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ABSTRACT

Focusing on the direction future research on the Chicano elderly should take, the 10 papers address theory development, methodological approach, social policy and problems, mental health service delivery, and issues of mental illness. The first seven papers discuss: the theoretical perspectives of research pertaining to mental health and the Mexicano elders; Chicano culture and mental health among the elderly; the extent and heterogeneity of natural helping networks among the Chicano elderly; politics of elderly Mexican Americans, especially political behavior related to mental health; economic implications of aging and Chicano mental health; the premises and underlying values of Mexican and Anglo service delivery systems; differences which create problems in Chicano use of services; linguistic and sociocultural factors which affect the delivery of mental health services; research in the Chicano community; and an approach that views the researcher as an "objective" insider. "Forecasting Future Cohorts of Mexicano Elders" by Ernesto Galarza is a philosophical paper regarding the future and the Chicano elderly. Based on information presented in the preceding eight papers, the final two papers identify a series of research questions on the mental health of Chicano elderly and discuss theoretical and methodological issues of research on the Chicano elderly. (NQA)

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chicano aging and mental health

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FOREWORD

Research in aging is a relatively new area of focus for the National Institute of Mental Health. With the establishment of the Center for Studies of the Mental Health of the Aging, the Institute has made a major commitment to advances in research, education, and service in the field of aging.

This monograph results from one of a series of conferences, meetings, seminars, and workshops initiated by the Center. Through this series the Center hopes to accomplish many things: development of a research agenda, identification of areas in which research is necessary, stimulation of research applications, and the recruitment of new investigators in the field.

This particular monograph, dealing with the Nation's fastest growing ethnic minority, is an especially important contribution to the project development efforts of the Center. The editors and authors are to be commended for the creativity and thoroughness with which they approached their task. Theory development, methodological approach, social policy and problems, mental health service delivery, and issues of mental illness are all addressed. The multidisciplinary approach to the multifaceted issues of aging and mental health shows the excitement and challenge in this area.

The papers in this monograph sketch out the directions we need to go in the development of research on the mental health of the Chicano elderly. The issues raised are important and interesting. I look forward to the time when the research findings begin to provide answers to these issues.

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PREFACE

Recognition of the lack of written materials necessary to understand and develop appropriate mental health services for the Chicano elderly provided the initial impetus for a small group of Chicano academicians and practitioners to develop a project that would begin (1) to address the need for the formulation of alternative approaches to the care of the Chicano elderly; (2) to systematically and sequentially engage in a process of planning to achieve the first objective; and (3) to identify a research agenda as an initial step in that planning process.*

While the lack of available and useful materials brought the group together, further discussions made it clear that our concerns went beyond the recognition that such materials were not readily available. We acknowledged the fact that a Chicano point of view in the field of gerontology is emerging, however fragmented it may be, and that such a point of view needs to be articulated. The one guiding principle was the need to identify, develop, and support alternative proposals and approaches to the care of our elderly. The notion of availability of options or alternatives is important in the realization of a pluralistic society; thus, the establishment of those alternatives is central in the process of social change and in the equitable allocation of resources. The process of development of options in mental health service delivery requires creative thinking that can propose new alternatives through, but not limited to, the modification of what already is in place.

It appeared that the lack of systematized knowledge in the area of Chicano elderly, negative as it was, provided, on the other hand, an opportunity to build and to create, unencumbered by what already was or by having first to undo in order to then create again. To identify and understand where existing mental health services to the Chicano elderly should be developed and how these services should be delivered provided a challenge for all of us. The knowledge, experience, and expertise represented in the initial planning group allowed us to assess the state of the art in Chicano gerontology. While the gaps in knowledge were obvious, those areas of greater need were given priority. Different philosophical orientations to the development of research were recognized and tentatively organized to be reflected in a coherent final plan of action. While the initial purpose of the project was to "do research," our assessment indicated that, before such research could be carried out, other more basic tasks needed to be completed. Our decision was, therefore, (1) to develop a set of papers on specifically agreed-upon areas that would initially analyze the state of the art of knowledge related to the mental health of the Chicano elderly; (2) to suggest a research agenda for funding sources based on our assessment; and (3) to use the product as the basis for phase two of our plans, that is, actual research projects which would require different format, tasks, and certainly more adequate financial resources.

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*Because of the scarce resources available to us, we focused on the Chicano elderly, although much can be applied to a broader Hispanic audience and used by others interested in the general Hispanic experience.

The following propositions guided the selection of substantive areas for study and the organization of the materials. Theory that guides the formulation of researchable questions is seen as a reflector of culture; knowledge is cumulative, and, while helpful in understanding one cultural reality, it might not be helpful in understanding another. Research tools and techniques reflect a methodological point of view in the pursuit of knowledge, and, while we indeed value knowledge for knowledge's sake, our Chicano orientation naturally led us to the path of action research or, more appropriately, "research for action." Research, training, and services are seen as interrelated; more accurately, one is, or should be, the derivative of the other. The selection of the areas to be studied was to reflect this interrelated comprehensive approach to the planning of research that goes beyond a psychopathological theoretical perspective and its implications for the understanding of mental health.

We accept the premise that policy formulation and program planning should follow research, contrary to the often articulated point of view that claims it is unrealistic to expect such a sequential, orderly process of policymaking. It has become customary to point to the fragmentation of governmental structure as the main reason for piecemeal development of program and/or lack of coordination. While structural issues inevitably have an impact on program planning and implementation, the parameters of policy action are broader than governmental structure and the often criticized nature of the Federal bureaucracy. We identified three additional areas which reflect changing views and recent Federal actions. First, there is the recognition that policy deals with the allocation, or the reallocation, of resources, and thus we must be able to address that process, if more equitable distribution among the various interest groups is to take place. Second, the crucial role that elected legislators and uncoordinated legislation play in the allocation of scarce resources is often lost when one focuses on the nature of the bureaucratic process and Federal Government fragmentation alone. This point must be highlighted in the process of policy formulation, particularly as Hispanics become a major political force. Third, the exclusive role that Federal Government and bureaucrats play in the allocation of resources is changing, as evidenced by the separation of function of program administration and the grant review process in the National Institute of Mental Health and other Federal agencies. These changes have the probability of broadening the role that the various professional communities and other interest and minority groups will play in the allocation of resources. We repeat, the recognition and the use of other avenues have an impact on policy decision and will increase the probability that governmental structures will incorporate alternative theoretical definitions to guide the development of programs and approaches to mental health service delivery more appropriately to the needs of minority populations.

Chronologically, none of the group's members could be classified as *viejitos*. It seemed proper, therefore, to have an "elderly" point of view represented in one of the papers. Naturally, our attention turned to the elder Chicano statesman and scholar, Ernesto Galarza, who wrote a philosophical paper regarding the future and the Chicano elderly. This paper was intended to represent a futuristic vision that would provide our work that extra quality often neglected in what is classified as "scholarly" work, reflecting yet a profound part of our cultural experiences and the role that our elderly play in that experience.

Our task was more difficult than was anticipated, for it was intended not merely to describe or to summarize but rather to delineate specific directions based on very limited data and a small pool of seasoned researchers. Reliance on informal sources, such as unpublished papers, master theses and/or doctoral dissertations, and word-of-mouth experiences, had the inherent danger of decreased reliability. The limited resources made available for technical assistance did not allow for continuing and consistent guidance in the preparation of the individual papers. The outcome of this project is eight basic chapters representing eight areas of content upon which research on the Chicano elderly should focus in the years to come. Two final chapters prepared by the editors present a synthesis in terms of common themes, a research agenda, and an initial identification of the components needed to create a viable model to define the mental health of the Chicano elders.

The term *Chicano* was preferred over the terms *Mexicano* and *Mexican–American* in recognition that, by the very nature of time and place, a different reality is experienced; that reality is best described and defined by the Chicano experience. The elderly of this ethnic group can still identify as Mexicano and/or have strong roots and familial links in Mexico, but their presence in this country makes them susceptible to experiences that elicit responses and perceptions typical of what is defined as the Chicano reality.

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Chapter 1

Theoretical Perspectives in Mental Health and the Mexicano Elders

Alvin O. Korte, Ph.D.

Introduction

Recently, social science scholars have begun to pay more attention to the social situational problems of Mexican–American elderly. Several dissertations and a variety of scattered articles are now available for the further development of theoretical perspectives appropriate to the systematic study of this population group. In the following pages, an assessment of these studies is made to identify the theoretical perspectives, to determine their applicability to the identified subject matter, to relate mental health issues to this ethnic group, to suggest additional refinements in both theory and method, and to stimulate research.

Common to most of the studies seems to be an attempt by the researchers to highlight the elderly person's social situation by incorporating a complex mix of such diverse elements as effects of urbanization, cultural values, influence of the majority American culture, memberships in lower economic groups, encounters with discrimination and racism, and accounting for intraregional variations as influenced by local histories. To this end some researchers have linked such macro-theoretical perspectives as modernization theory with micro-level perspectives such as symbolic interaction or colonization theory. Thus, modernization theory serves as a background framework from which to evaluate changing family values and family support systems. Micro-level perspectives serve to highlight the personal perceptions of the elderly toward these changes.

From a mental health stance, several of these studies are cogent for considering the well-being of Mexican–American elderly. Rather than being concerned with psychiatric symptomatology, this chapter deals with the broader concept of self-esteem maintenance in the broader sociocultural matrix of aging within the Chicano experience.

Several researchers and practitioners have pointed to the need for redefining mental health from a broad base which includes social cultural perspectives. Some dissatisfaction exists, when traditional diagnostic and treatment procedures are used with patients from other cultures. Dominguez-Ybarra and Garrison note that the trend is "to re-examine the traditional treatment theory to see where it has prejudged minority group patients as well as majority patients from the lower socio-economic classes" (Dominguez-Ybarra and Garrison 1977, p. 87).

One conclusion advanced by Dominguez-Ybarra and Garrison is that definitions of "illness" would have to be defined within the cultural context in which the word is used (Dominguez-Ybarra and Garrison 1977, p. 91). Some attention to self-defined terms indicative of stressful social situations is addressed.

In developing a broader perspective on mental health, Valle quotes Claudewell and Comer's definition:

> We understand mental health to include both illness and health. Most importantly, mental health includes people's feelings of worth in the context of the total cultural and societal system as well as within the identifiable groups to which they belong (Valle 1978, p. 17).

Valle's position is that the absence of opportunities to meet basic and culturally determined needs constitutes the gap between individual aspiration and availability of sources of satisfaction. This gap can be problematic as the source of mental anguish (1978, p. 17). One aspect of mental illness, Galarza has said, is the "inability of the individual to find in society the reflection of self-esteem which he needs" (Galarza 1970, p.8). Some of the dissertations and articles presented in this paper concern these issues. Sotomayor's (1973) study of Chicano grandparents in a Denver barrio neighborhood details the role functions of this remaining role for Mexican–American elderly. Korte (1978) concerns himself with the concept of morale, meaning positive self-esteem, its maintenance, and deterioration. Korte defines morale in terms of the broader perspectives of anomie, alienation, and depression. His study attempts to differentiate the types of social interaction with immediate and extended family members, as well as with neighbors and community, that maintain high levels of morale. The Nuñez study considers the unfulfilled expectation of social interaction on levels of morale in Mexican–American and Anglo elderly (n.d.).

The sense of powerlessness or inability to manage the social environment may be a function of historical antecedents and social contextual variables, as the work of Torres-Gil (1976) illustrates. For some elderly, low sense of political efficacy is associated with being apathetic and least active in political participation and having negative feelings about participation in age-related political issues. Some of these aged persons had negative experiences with immigration and border officials which no doubt affected their perception about involvement with the dominant society's institutions. Other Mexican–American elderly were found to have had a long history of political participation and involvement in social agencies. All of these studies, as well as others to be reviewed, reflect the minority researchers' concern with the sociocultural environment in which aging occurs.

Sanchez (1971) concludes that the Chicano predicament is a problem caused by social, political, and economic conditions. He says, "It makes little sense to talk about mental health without social health....Mental health for the Chicano community consists in the full awareness of itself as a distinct ontological entity with its philosophy of man, nature, and the universe." Finally, Sanchez asserts in his discussion of nonutilization of mental health services that the mental health agencies have failed "...to acknowledge and accept the Chicano way of life as a valid, viable and dynamic expression of a philosophy of man and his existence together with a view of nature and the universe, which philosophy must form the framework for a definition of well being for Chicanos" (pp. 8–9). The research task is to document and define the interrelationships that exist between the individual and the social environment and their impact on the person's sense of well-being. The task is complex, but some commonalities have been identified.

Portraying the Mexican–American elderly requires some attention to demographic and sociohistorical aspects. Estrada, using the U.S. Census' Current Population Reports and Subject Reports, points out that some 58 percent of the Mexican-origin elderly are foreign born. According to Estrada, this fact in itself is important in that the foreign born may have perspectives that relate to social roles and traditions, such as decisionmaking in the family or patterns of deference which need to be understood in program planning and development. Other aspects of concern involve high rates of illiteracy (less than 5 years of formal schooling), the largely urban residence of this population group, and the propensity to remain active in the labor force well after the age of 65. No doubt many work at occupations without Social Security or other pension benefits. Many work as operatives, craftsmen (in unskilled categories), with a large proportion as farm laborers (Estrada n.d.).

Using 1970 census data, Sanchez finds that median family income for heads of households 65 and over was approximately half that of all families, $5,053 compared to $9,687. For a Spanish-origin family over 65 years of age the median income was $3,756 or 35 percent below the median earnings for the U.S. population.

Low income and the types of employment held mean that lower class Mexican–American elderly continue to work until illness intervenes or employment opportunities cease. Additionally, high fertility rates mean that the parental role of Mexican–American elderly may continue into middle and old age (Dieppa 1977, p. 71).

Of special interest are the stresses attendant to caring for their own children or their grandchildren. This area has not received much attention in the literature. Proposed studies should take into account rural and urban locale, socioeconomic situation, fertility levels, and the stage of the family in the life cycle.

Estrada asks whether high rates of labor force participation represent a cultural pattern of "activity" or whether lack of knowledge about Social Security and other welfare benefits keeps many Mexican–American elderly in the work force (Estrada, n.d., p. 7). In her study, which contrasts Mexican–American elderly and Anglo elderly in two Southwestern cities, Dieppa finds that the Mexican–American elderly generally agree that people should be hard-working throughout their lives. Mexican–American elderly tended to agree that they had to look for things to do in retirement (Dieppa 1977, p. 206). Since her sample was rather small and most Mexican–American respondents were of low income, differences attributable to higher social class were not studied. Kalish, citing J. Jackson, points to the methodological pitfall of confounding ethnic differences with social class or other bases for difference that do not arise from the ethnic experience. Further, Kalish also notes that we tend to generalize from results of studies with Mexican–Americans in California to those in Texas (1971, p. 80).

Studies of labor force participation of Mexican–American elderly need to be conducted. In addition to evaluating various social demographic indicators as correlates to involvement in employment, attitudinal indices could further assess stresses of such employment as well as the "activity" aspect identified by Estrada.

It is clear from the above concerning low-income status and caring for large families, that the retirement concept may be irrelevant for large numbers of Mexican–American elderly. For those now reaching elderly status, the so called "young-old," ages 55 to 75, retirement may be a status change experienced in much the same manner as that of other Americans. Neugarten's distinction between "young-old" and "old-old," those over 75 years of age, is an important differentiation, as the former group is considered to be in the future relatively well-off, relatively healthier, perhaps better educated, and more politically active (Neugarten 1975, p. 7). This may be truer for Anglo–Americans and for those Mexican–Americans now reaching retirement status who have benefited from educational and other benefits after World War II. These assumptions, however, should not be taken at face value.

Studies involving age as a demographic variable perhaps ought to partialize this variable into subgroupings for the reasons cited by Neugarten. Cuellar has taken three age ranges considered "elderly" and incorporated sociohistorical descriptors consonant with the Chicano experience for these groups. These groups are identified as the *Anciano, persona mayor,* and senior citizens corresponding to 75 years of age and older, 65 to 75 years of age, and 51 to 64 years respectively (Cuellar 1977). These labels correspond to various terms used in the Chicano community to refer to age status. Studies which focus on self-identified labels for age groups would seem to be a first step in any further consideration of this issue. When does a Mexican–American consider himself "old?" Is this perception related to a lifelong pattern of hard work such that the self-definition occurs earlier in life? Does perceived health decline or actual health status affect this definition?

Three aspects of aging are identified by Cuellar. Maturational aging involves the cumulative consequences of physiological, psychological, and social development and decline as an individual ages. The second aspect, historical aging, is conceptualized as historical periods and political events experienced by individuals and members of segments of society. These historical events are experiences which create shared needs, perspectives, and attitudes among those who have shared them (Cuellar 1977, pp. 253–254). Spicer's concept of "identity systems" as a perception of history, with a special meaning for the particular people who believe it and who have lived it, seems appropriate (1971, p. 796). Mexican–American elderly as a collectivity have experienced immigration, discrimination, for some the Mexican Revolution, the rural-to-urban transition, as well as industrialization. These experiences have had a profound impact on socialization, on family values, on beliefs and attitudes. Experiencing these historical events, perhaps, elicits further motivation for the preservation of the elements of culture. How these elements are maintained and preserved or, worse, not preserved is an empirical question worthy of study.

Cuellar's final and third dimension concerning aging involves the notion of generational cohort aging. Individuals born in the same historical periods, experiencing the same political events, share similar attitudes, beliefs, goals, behaviors, life patterns, and needs (1977, pp. 254–255). Thus, an individual born around 1900 during the "Marginalization and Subordination" period of Chicano history (1900–1920) is called the "Urban Immigrant" generational cohort (Cuellar, 1977, p. 255). Alvarez, focusing also on this time period calls it the "Migrant Generation." This generation had its cultural orientations and loyalties invested in Mexico. This generation also met with harsh social isolation and rejection which made loyalty to Mexico all the stronger (Alvarez, 1971, p. 24). The generation, termed the "Migrant Generation" by Alvarez, overlaps Cuellar's "Depression" generation, socialized as adults during the 1920–1940 period (Alvarez, 1971, p. 24). The "Depression" generation faced forced repatriation back to Mexico during the 1920s and 1930s.

Both Alvarez and Cuellar posit a "Mexican–American" generation. Cuellar's "Mexican–American Pachuco G.I." generation consists of those individuals born in the 1920s and 1930s and socialized as adults during World War II (1977, p. 255). For Alvarez, the Mexican–American Generation had its cultural orientations and loyalties invested in the United States. He typifies their attitude by their asking their parents,

> "What did Mexico ever do for you? I'm going to participate fully in this society because like descendants of immigrants from so many lands, I was born here and my country will guarantee me all the rights and protections of a free and loyal citizen" (Alvarez, 1971, p. 25).

Finally the current generation, termed "Chicano Cholo" and "Chicano Generation" by Cuellar and Alvarez respectively, is the present cohort born after World War II. Alvarez finds it the most affluent, having benefited most from modern citizenship. It is an alienated generation, feeling the pains of social rejection and perceived social disadvantage. It is in conflict with the "Mexican–American" generation over loyalties to American culture (Alvarez, 1971, p. 25).

The importance of differentiating generational cohorts is for a better understanding of their social and psychological situation. Generation cohorts have different "life chances" as they move through the social system. Life chances are also differentiated by sex, by socioeconomic class, and by numerous other variables, but, as

Moore points out, the interest is on the intersection of age and social patterns (1966, p. 29).

The Mexican–American people may constitute one of the most heterogeneous ethnic groups ever studied. Peñalosa warns not to attempt to depict the "typical" or "true" Mexican–American but to establish the range of variation. Various sources of influence have an impact on Mexican–American culture (Peñalosa, 1970, pp. 5–6).

Historical and generational cohorts are influenced by another source—regional and local history. Regional historical variants as a source of influence on the Mexican–American culture are related to the regional economy, to the length and type of settlement, the relation with local Indian groups, and the rate and manner of displacements by Anglo North Americans (Gómez-Quiñones 1977, pp. 34–35). Distinct histories, such as those of Spanish-speaking people who have lived for more than 400 years in the upper Rio Grande drainage in northern New Mexico and southern Colorado, or histories of those people who settled the lower Rio Grande Valley in Texas or for those who migrated to California and Arizona during and after the Mexican revolution, have had their influence on these generations now considered elderly. The importance of these distinct histories is that researchers studying Mexican–American elderly should specify the characteristics as well as the histories of their samples (Moore 1971, p. 33).

At this point in the development of theory, a full synthesis is not yet available. Elements for theory development seem to require the incorporating of the effects of modernization and urbanization on family values, the highlighting of historical and generational differences, as well as some perceptions the elderly make of their social situation.

Only those studies relating to social and psychological aspects are covered in this paper. Although some discussions on ethnicity and its relationship to biological and physiological changes are proposed in the literature, this area is not reviewed. Additionally only those studies relating to Mexican–Americans are included in this review.

In summary, it is certain that, given the historical past, Mexican–Americans would develop a collective identity of *la raza* (the race). Thus various Spanish-speaking subgroups may identify their regional and historical differences and yet be able to collectively identify themselves as *la raza*. There is no doubt that continued migration from Mexico has continued to support, strengthen, and maintain the Mexican–American culture in the Southwest and in other areas where Mexican–Americans have migrated. These and other influences perhaps are important in the maintenance of a "generalized

Mexican culture" (Gómez-Quiñones 1977, p. 35). One should heed Romano's dictum, "Multiple histories could hardly have done other than breed complex people and equally complex families" (1969, p. 2).

Historical Events, Ethnic Consciousness, and Generational Differences

Spicer's "persistent identity system" is described as those cultural elements which are of long duration. An essential feature of any identity system, which can be perceived as either collective or individual, is an individual's affiliation with certain symbols, or what these symbols stand for. Collective identity systems are beliefs and sentiments, learned like other cultural elements, such as words, role behaviors, and ritual acts (Spicer 1971, pp. 795–796).

The relationship between individuals and selected elements—the cultural symbols—is the essential feature of a collective identity system. In expanding the concept, Spicer suggests that: (1) elements of culture have not only form but meaning; (2) the identity concept brings in the historical dimension; (3) the identity concept is motivating to the person on an individual level (1971, p. 796). Such systems allow people to maintain continuity in a wide variety of sociocultural environments. Oppositional processes also help to maintain a collective consciousness and a high degree of internal solidarity. A motivation exists for individuals to preserve the kind of experience that is "stored" in the identity system in symbolic form (Spicer 1971, p. 795).

In much the same vein as Spicer, Moore has specified a framework that is less abstract and in a somewhat more useful form. Moore's framework serves to organize the limited but useful materials that exist on Mexican–American elderly. Four characteristics are thought by Moore to be important in the forming of an American minority. These can be more specifically applied to the elderly: (1) Each minority has a special history, a collective experience. The special history differs from one minority group to another, "but in all cases it entails subordination" (Moore 1971, pp. 88–89). Spicer sees this theme as being the conflict over issues of incorporation and assimilation into the larger whole (1971, p. 797). (2) Each minority's special history has been accompanied by discrimination with its attendant stereotypes. (3) Variant subcultures may be developed by the minority group. The subculture includes value sets of significance to aging. These value sets, for example, may be normative, as in the elderly holding expectations for continued interactions and support between generations (Nuñez n.d.). Perceived violations of these normative sets may result in either conflict or what is more broadly conceived as one facet of the "generation gap." (4) Coping structures and adaptations to particular environments have been developed. Moore cites as examples the black church and the Mexican–American family structure among other institutions supportive of its elderly in times of crisis, stress, or economic difficulties. "Coping" for Moore involves meeting a broad range of needs from basic survival needs, often met through the extension of the family network, to avenues of meaningful social participation (1971, pp. 88–89). Ingroup supports may also involve analysis of the functions and maintenance of *barrio* networks, the *compadrazgo* system as a network for social participation and interaction, as well as the functioning of *barrio* religious and social organizations or what Cuellar has broadly termed "cultural coping mechanisms" (1977, p. 31).

One must note that some elements of the Mexican–American family predate the urban experience in the United States. The *compadrazgo* system had its roots in the medieval church in Europe (Mintz and Wolfe 1950, pp. 341–368). Some elements of *compadrazgo* are nonfamilial, nonreligious, highly adaptive to varied settings, social circumstances and local conditions (Valle 1978, pp. 65–72). Of importance is that some studies have begun to describe the continued social participation of Mexican–American elderly in the *compadrazgo* system.[1] Some important questions need to be addressed; for example, What is the nature and quality of interaction with *compadres* for the elderly? Are these contacts maintained in the urban environment? Are these relationships as supportive as family contacts during crisis? These and other questions seem to be functional in developing more knowledge about *compadrazgo* and its relationship to the elderly.

The effect that historical events such as migration, acculturation, urbanization, and discrimination have on ethnic consciousness can be understood as both subjective, as a sense of personal identity, and as an awareness of the social order to which one is a part—by belonging to a community of people whose traditional values become increasingly significant or meaningful as the individual ages. Erikson (1959) saw this fundamental dimension in that the term "identity" connotes both a persistent sameness within oneself (self-sameness) and a persistent sharing of some kind of essential character with others. On a personal level, perhaps a perception of the past as having been meaningful and useful may lead to what Erikson has termed "ego integrity" as a final state of psychosocial development.

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[1] Sotomayor asked questions concerning social participation with *compadres*. Korte's study found higher levels of interaction and satisfaction among rural elderly couples with their *compadres/comadres*. Sotomayor defines *compadrazgo* as a voluntary social network which may include blood kin and nonblood-related members, and which is formalized through such Catholic religious rituals as baptisms and confirmations of children.

Montiel, paraphrasing Galarza, states that great gaps in the history of Mexican–Americans in the United States exist (n.d., p.2). To this end, Montiel is studying, via oral histories, the life experiences of elderly Arizona immigrants and the meaning of these experiences for them. A fundamental approach, according to Montiel, is to study their values, attitudes, opinions, motives, and world views. These oral histories point to the changes these families have experienced and the adjustments they have had to make. Also using an ethnographic approach, Atencio (1976) has contributed much to an understanding of values, folklore, beliefs, and the conflict with such modern ideologies as welfare, mercantilism, utilitarianism, and consumerism. Atencio has shown how such family and cardinal values as *respeto, vergüenza, and temor* are learned in family upbringing and further refined in interpersonal relationships. These family values are seen as being under considerable change. Speaking of rural New Mexicans, Atencio's position is that:

> Chicanos see many of these traditions disappearing all because of the loss of *respeto, vergüenza* and *temor*. These foundations of interpersonal relationships are crumbling because the educational system or television have preempted the family's role in education.... The cause of this decadence is attributed to the move away from the agrarian economy. In those days, people claim there was plenty of work either on your own farm or on someone else's. Everyone was occupied and the survival instinct had all members of the family working. Economic necessity required cohesiveness. Cohesiveness both demanded and produced *respeto, vergüenza,* and *temor.*[2] Industrial modes of living do not require this form of solidarity hence these cardinal values have begun to disappear. The family and the community suffer as a consequence (1976, p. 53).

Internal institutions and subcultures are thought of by Moore as being eroded and displaced. Some institutions are maintained or redeveloped to fit new environments. Rapid social changes, the conflicts of ideologies, and changes in family socialization on important cultural norms have consequences for a "generation gap," as it impacts on aging individuals (Moore 1971, p. 92). Continuities and discontinuities between generations are an important consideration in any study of value differences between generations.

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[2] *Respeto* translates to respect. *Vergüenza* translates to shame, although the meaning is much richer and varied than can be conveyed here. *Temor* is similarly complex.

Moore (1971) and Solomon (1974) have pointed out a potential problem of the redefinition by the young of the special history of many minorities. Moore and Solomon suggest that the reinterpretation of black history as "tomism" or worthless by young people's rejection of their past tends to produce despair in the old black. If redefinition of the past interferes with the age-specific psychological task—ego integrity—the consequences may be confusion, resentment, or bewilderment caused by the reinterpretation taking place. On following Elam as cited by Moore, the aged may take greater pride in a collective future—a form of generational solidarity (1971, p. 92). One of Torres-Gil's respondents commented that many elderly felt neglected and at times emotionally abused by their grandchildren involved in politics, "and that it created an unfavorable impression on older Chicanos about Chicano political activities" (Torres-Gil 1976, pp. 68–69). Ideological disagreements with the goals, tactics, and philosophy of the Chicano movement threatened the security of the elderly who feared for his citizenship status, by bringing the *barrio* where he lives to the attention of the authorities.

In retrospect, special minority histories imply the complexity, the richness, the heterogeneity that reflect the unique psychohistories of Mexican-Americans. In considering the diversity of the group, future studies should combine survey and field methods. Sieber (1973) argues for the use of combined methodologies. A statistically significant finding in a survey can be validated or given persuasive plausibility by recourse to observations and informant interviews through short ethnographic descriptions (Sieber 1973, p. 1345). Using these mini-ethnographies provides a further understanding of the context within which Mexican–American elderly may find themselves. Combined methodologies have been used by Valle and Cuellar.

The Modernization Perspective

Regarding the rural to urban transition, Germani has posited:

> Lo típico de la transición, la coexistencia de formas sociales que pertenecen a diferentes épocas, imprime un caracter particularmente conflictivo al proceso

> que es inevitablemente vivido como *crisis,* pues implica una continua ruptura con el pasado, un desgarramiento que no solo tiende a dividir a personas y grupos sino que penetra en la conciencia individual en la que también llegan a coexistir actitudes, ideas, valores, pertenecientes a diferentes etapas de la transición[3] (1970, p. 90).

Germani sees in modernization a profound leveling effect by which social forms are rendered asunder. The effects of industrialization, urbanization, and mass society are that individuals may find themselves holding values and attitudes belonging to two different periods, possibly traditional and modern. In the case of Mexican–American elderly, their social environment has completely changed in their lifetime.

Many Mexican–American elderly were probably raised in rural areas of the Southwest or in Mexico. Citing Manuel Gamio's work, Clark says that most Mexican immigrants came to the United States during the early part of the century from the central and northern plateau, with more than half from the States of Michoacán, Guanajuato, and Jalisco. Most were from a rural or semi-rural environment, a mostly nonindustrialized and nonmechanized area (Clark and Mendelson 1969, p. 91). An area for further clarification is whether values learned in a rural area may still be prevalent and operative in an urban area. Maldonado says that, since many Mexican–American elderly were "reared within one culture (in a purer form) they may find themselves in a situation for which their early socialization did not prepare them. Tension and disjointedness seem to describe the relationship between the new social environment and the one in which they developed their values, attitudes, and expectations" (1975, p. 215). For other elderly, perhaps more recent immigrants, social changes have not affected their families or value systems.

Mexican–American elderly, having been socialized in rural environments, have learned values and attitudes appropriate to those social environments. In one area, such as role functioning as grandparents, the elderly may find their efforts at variance with such specialized social institutions as the schools. The roles attributed to the grandfather, such as transmitting history, folk tales, and language or the passing of knowledge regarding ethnic foods, handcrafts, folk medicine, manners, respect for the elderly, and religious training attributed to the grandmother, may be an impossible task (Sotomayor 1973, p. 151). These grandparent roles may be further undermined and eroded by the lack of contact between generations.

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[3] Social forms belonging to different epochs coexist at the same time. The coexistence of these social forms produces a disorganizing effect (un desgarramiento), a tearing apart, so that persons and groups become divided, and this is present even within the same individuals, producing conflictive yet coexisting attitudes and values which may belong in different epochs in the transition.

Sotomayor's study of the grandparent role, which involved a small sample of respondents from villages in northern New Mexico and Southern Colorado who found themselves in an urban area, indicated evidence of erosion or lessening of traditional grandparent functions with respect to the transmission of some but not all of these elements of culture (1973, pp. 150–152). Sotomayor did find areas of potential conflict and stress, as most of her respondents at one time had provided living arrangements for grandchildren from broken homes or had grandchildren "given" to them to ameliorate loneliness. Grandparents had helped with emotional assistance and had given advice and support to their own children in times of family crisis and need. Additionally, they perceived considerable influence in giving advice in family crisis. Poverty and family problems create special stresses for the elderly. Clark and Mendelson believe that alienation, and sometimes conflict, ensues with "psychological costs" to the middle generation, as they continue to be dependent willingly or otherwise on a matriarch or patriarch (1969, p. 94). The involvement of the elderly in the problems of their middle-age children or their grandchildren has not received sufficient attention in the literature.

At the level of the family, modernization theorists have proposed some important considerations that are relevant to minority elderly. Goode (1963), in viewing the problem by which the family has changed to fit into industrial society, suggests that industrialization affects the "conjugal" family pattern, i.e., few kinship ties with distant relatives, an emphasis on the nuclear family of husband and wife and their children. However, Goode emphasizes that "both the *degrees* and types of these family changes have not yet been adequately charted. The processes by which they occur have not been revealed. The detailed facts necessary for the first task, and the rigorous theory necessary for the second are as yet insufficient" (Goode 1963, p. 239).

Modernization of the family has been generally considered to have its effects on the following features of social organization:

1. The extensive mobility, both geographical and social, appropriate to industrialization and industrial societies has negative consequences for extended kinship systems and tends to reduce the close ties between adult generations and adult siblings.

2. Extensive (family disorganization) is likely to accompany the breakdown of traditional patterns and the incomplete establishment of new institutions. This (transitional) disorganization is not the same as the disorganization arising from marital separations and divorces in industrial societies. Separations and divorces are likely to derive from the very intensity of interaction within the small family, which serves as an almost unique emotional function in modern societies (Moore 1963, p. 102).

Goode's elaboration on one of Moore's two observations proposes that the "most important characteristic of the ideal-type conjugal family is that it excludes a wide range of affinal and blood relatives from its everyday affairs—there is not great extension of the kin network" (1963, p. 241). Goode recognizes that the above two derivatives are not ideal and that a great deal of kin interaction does go on between kin groups, especially in the lower classes in the industrial setting. Strauss has also commented on the discrepancy between theory and several studies and noted that the controversy over the interrelations of kinship systems and modernization is far from settled (1969, pp. 477–478).

During the 1950s and 1960s, studies by Sussman and Burchinal (1962), Reiss (1962), Winch, Greer, and Blumberg (1960), as well as other studies of the middle-class Anglo family, found that a great number of extended contacts existed and that extended relations are possible and are often maintained in an industrial setting. These studies were in response to Parson's statement in 1943 that "...(In) comparison to other kinship systems (the individual in our system is) drastically segregated from his family of orientation, both from his parents—and their forebears and from his siblings" (1943, p. 30).

According to the modernists, the extended family is one of the elements that undergoes change in the urban environment. A usual description of the extended family is that of several family groups living within a household or a cluster of homes in a rural or urban *barrio*.

There are obvious difficulties in identifying the characteristics of the extended family. Level of consanguinity is usually not specified by social scientists when describing the extended family. Research needs to delineate immediate family members, such as adult sons and daughters, from all other relatives, extended kin, or, more broadly, *la parientela*. Questions related to the ways in which immediate family members and extended kin, *la parientela*, transcended geographic distances to provide help to elderly members would be of interest to students of the Mexican–American family. Informal observation suggests that such opportunities do occur.

Finally, Moore suggests that, due to prior division of societies, the resistance of values to change, as well as the historical period in which modernization is taking place, the exchange between cultures will probably not lead to full convergence (1963, p. 77). Although changes are occurring, the modernization perspective does not fully account for the persistency in family types that maintain social integration in the industrial setting. It is obvious from Sotomayor's study that, despite potential conflict between generations, elderly were integrated into their families. Thus, despite all that modernization theory posits, some family groups maintain cultural values that are contrary to that posited by Goode and other social theorists of the modernist persuasion.

Modernization of a society does have its potential for creating changes. In relating to the dispersed family in urban society, Strauss proposes that, if kin, who are also transmitters and enforcers of social norms, are not in close contact, their effectiveness in transmitting traditional culture will decrease. Adult siblings are likely to be influenced by the mass media, professionals, their age and social status peers, and such influences will probably be different from that of their grandparents (Moore 1966, p. 480).

Application of the Modernization Perspective

Some recent research has used modernization theory to evaluate the social situation of Mexican–American elderly. What is of interest is the combining of modernization theory with some other theoretical perspective. Sotomayor (1973), for example, used modernization concepts with social integration and colonization perspectives. Korte (1978) combined modernization with symbolic interaction perspectives.

Paraphrasing Rosow, Sotomayor states such institutional factors as: (1) the elderly's command of strategic knowledge and skills of a particular culture; (2) strong religiosity and transmission of sacred traditions; (3) the existence of strong kinship and extended family bonds; (4) a high mutual dependence and reciprocal aid among members—important in determining the older person's relative position in a society (1973, p. 20). These four factors, which Rosow says protect the status of old people in less developed countries, have been rapidly and relentlessly undermined in the United States because of technological change and the effects of modernization (1967, pp. 9–10). Rosow's conceptual framework for viewing social integration refers to two basic referents. The first is the social systematic one, consisting of networks of linkages, reciprocal relations, and functional connectives between structures. The second referent involves the individual member and how he is tied into the webs of beliefs, social values, formal and informal group memberships, and social roles (Rosow 1967, pp. 8–9). Sotomayor concludes that the "disruption of the elderly's previous life styles, activities, functions, and relationships will lead to significant social deterioration. Consequently the net effect of modern trends is alienation of the individual" (Sotomayor 1973, p. 22). Alienation is one facet of the problem of depression as developed later in this paper.

The *barrio* is seen as a countervailing force against the impact of modernization. Sotomayor develops this thesis further by considering some tenets from colonization theory. *Barrios* as contained communities may allow for the development of coping mechanisms and skills using human resources for the meeting of crises. The *barrio* serving as a potential for community and family networks could also illustrate the way in which "a cultural group gives expression to its heritage amidst a foreign and hostile setting" (Sotomayor 1973, p. 29). A conclusion reached by Sotomayor is that, despite the point that the *barrio* may be relatively self-contained, the potential effects of modernization cannot be completely denied. Both dependence on the majority community and communication media provide for cultural invasion into the Chicano home (Sotomayor 1973, p. 30).

Both modernization and symbolic interaction theorists suggest that, without social contact, the normative structure and its control over individual behavior will decline. A part of Korte's study asks what family or cultural norms are declining because of loss of social contact due to modernization of the family and the kin structure (1978, p. 24). Since little previous research has been done on the Spanish-speaking family, it is difficult to speculate on the effects of changing norms concerning behavior oriented toward the aged person. Korte's study attempted to determine the aged person's perception of changing cultural norms and values, the deviation by adult children and grandchildren from these norms, and a basic view of the effects of social structure (occupational and geographic mobility) on the maintenance of these norms. In effect, norms were considered in what is called "game" (Szasz 1961, p. 282). If the loss of "game" is demoralizing, and therefore alienating, one would expect the aged person to report feelings of depression—that the person is no longer *respetada,* respected, that social and moral obligation, *el* *deber,* or proper demeanor deemed them, are no longer perceived to be in effect (Korte 1978, p. 24). This facet is developed further in the next section.

Normative Expectations: Family Interaction and the Morale Concept

The extent to which family interactions and contacts sustain feelings of life satisfaction or high morale among the elderly is an issue of interest. Social adjustment, i.e., well-being or morale in old age, has been a dependent variable of considerable interest to social gerontologists. Havighurst says the practical purpose of social gerontology should be to help people live better in their later years (1963, p. 299). The crux of the matter is that there is no general agreement on what is good living in the later years, specifically, for that matter, for Mexican–American elderly. Kerckhoff observed that in studies of morale there is little consistency in the theoretical underpinnings on discussions of morale in old age. Most studies of the changed activities and interpersonal relationships associated with aging at least imply that the loss of social involvement is demoralizing (Kerckhoff 1966, p. 173).

Some researchers have addressed the question of which type of family structure is most conducive to life satisfaction or morale in old age. From a traditional Parsonian perspective, the isolated nuclear family should be characterized by high levels of individual morale because of its postulated compatibility and functionality within modern society. Extended family types would be expected to correlate with lower levels of morale or life satisfaction, as expectations for extended contact are not met.

Kerckhoff used a six-item attitudinal scale to classify families into types. The scale was designed to assess the older person's expectations for aid, financial support, and contact from their offspring. Those elderly who expected a high degree of mutual aid and residential propinquity with their offspring were classified as having extended family norms. Those who avowed nuclear orientation norms expected low mutual aid and affection and low propinquity. Kerckhoff found that familial expectations varied with socioeconomic class. White middle class could be characterized as having nuclear-family orientations and higher levels of morale. For lower socioeconomic types, the elderly held higher expectations for mutual aid and propinquity. Failure in meeting these expectations resulted in low morale.

The issue of interest here is whether the need for mutual aid and affection, as well as propinquity, is a characteristic of low-income groups who need additional help in old age, irrespective of ethnicity. Future studies in this area would have to control for socioeconomic class and urban/rural differences as well as ethnicity. Using attitudinal scales for classification into family types would need to be supported by behavioral indices as well. At best, these scales may only reflect face validity and hence be inappropriate for the research task of classifying types of family norms. The approach suggested here is potentially useful in future studies. For example, Seelback and Sauer used the same methodology to compare morale levels of black and white elderly as it varied by family types (1977, p. 497).

Korte attempted to classify the low-income urban and rural Spanish-speaking elderly into the types presented above. Since the majority of elderly couples in both sample groups held high expectations for mutual aid, affection, and propinquity, the families could not be classified into types espousing nuclear or extended contacts, and further analysis was curtailed. The important point, though, was the finding of high frequency of expectations in both sample groups for mutual aid, affection, and propinquity.

Nuñez argues that it is not enough to evaluate the consequences of high or low levels of social interaction on morale. It is necessary to evaluate the expectations for social interactions, actual frequencies of interactions, and their impact on degree of life satisfaction. More importantly, his work considers the effects of variation in expectations for social interaction on morale by ethnicity (Nuñez n.d., p. 1).

In a review of the literature, Nuñez cites studies which found that lowest levels of morale are related to individuals who experienced greater discontinuities in their lifelong pattern of social interaction (Townsend 1957). Citing the Lowenthal study (1964) and the Tobin and Neugarten study (1961), Nuñez states that low indices of psychological well-being related more to sudden discontinuities of lifelong patterns of social interaction than to simply low or high levels of interaction. Expectations with regard to normative levels of social interaction are also a consequence of lifelong patterns of social contacts and interactions.

Rural and urban residence, foreign and native birth, and education and occupation can create discontinuities in expectations for interactions. Urban elderly showed stronger feelings of social isolation and low morale than did rural elderly. Youmans (1967), according to Nuñez, interpreted these findings as suggesting that, in a rural setting characterized by folk culture, the elderly did not experience sudden discontinuities in their lifelong social patterns and expectations for interaction. These findings are of interest to this writer as his own study showed statistically significant higher levels of morale and kin visiting, both with immediate and extended family, in rural couples compared to a similar sized sample in an urban area. Many adult children of the rural elderly couples made long trips across the State to visit their parents, perhaps indicative of a more traditional socialization. Lowered levels of morale, as measured by the Havighurst Life Satisfaction Index-Z (Adams 1969), were found to be related to lowered levels of interaction with immediate and extended kin in the urban sample. Those urban elderly who had high morale scores but lowered interaction with immediate and extended kin had effectively substituted interaction with neighbors (Korte 1978, pp. 113–117). The quality of life in the neighborhood would thus seem to be an important correlate of life satisfaction for urban elderly.

The Nuñez study was part of the larger Social and Cultural Context of Aging Study in Los Angeles. Data were collected on 1,296 blacks, Mexican–Americans, and Anglos aged 45 to 75. Using the Philadelphia Geriatric Center Morale Scale (Lawton 1975), Nuñez found that Mexican–Americans reported a higher level of interaction with adult children, grandchildren, and relatives than Anglos. A second hypothesis showed frequency patterns of interaction with kin that were statistically significantly higher for Mexican–Americans as compared to Anglos. A third hypothesis showed "...the deleterious effects on morale if unmet interactional expectations are greater for the elderly Mexican–American than for his Anglo counterpart..." (Nuñez n.d., p. 7). Greater interactional expectations can be said to be prevalent with Mexican–American elderly. From a policy perspective, Nuñez suggests that public transportation takes on new meanings as it facilitates or impedes the maintenance of the elderly Mexican–American's extended kin system. The older Mexican–American may be no more socially isolated than Anglo elderly, but on the subjective level, as evidenced by lower morale, he may well be more isolated (Nuñez n.d., p. 6). Bengtson (1976, p. 27b) warns that practitioners, who in the past have not intervened on behalf of older Mexican–Americans because of the assumption of kin cohesiveness, may need to reexamine such an assumption.

The important considerations that come from the Nuñez study are summarized below:

> To summarize, the experience of social isolation is a subjective experience. It is relative to the individual's social interactional expectations which in turn are related not only to his unique prior history, but also to the socio-cultural norms in which he was socialized. The greater the discontinuity between the social interaction norms acquired prior to old age and the social norms confronted in later years, the greater the probability that interactional expections will not be met and the greater the probability of feeling socially isolated and less satisfied with life. Finally, the occurrence of such discontinuities in old age is seen as less probable in a traditional culture characterized by strong, extended kinship ties and adherence to custom than in an urban culture characterized by a nuclear type of family system and by rapid social change (Nuñez n.d., p. 5).

The Morale Concept: An Expanded Perspective

Korte attempted to clarify the morale concept by broadening the sociological determinants of depression and anomie. Morale, understood as feelings of self-esteem, whether positive or negative, needs to be considered from the broader perspective of anomie, alienation, and depression. Viewing morale as positive self-esteem allows one to implement one of the fundamental elements of symbolic interaction theory, namely, social interaction.

Becker opts for a theory in which self-esteem is the primary focus in depression. Becker rejects the psychoanalytic theory of depression, which he believes to be too instinctual and compartmentalized (1964, p. 110). The loss of self-esteem in depression has long been recognized in psychoanalytic writings (Fenichel 1945). Becker, developing his theory from Szasz, broadens and extends the social dimension of depression by proposing that not only is object loss important, as presented in traditional psychoanalytic theory, but also that loss of "game" or social interaction is also crucial in the development of depression.

Szasz extended the basic object loss concept by suggesting that loss of "game" occurs when:

> ...loss of norms and the vicissitudes of normlessness (anomie) characterize the frame of reference of social conduct. I now wish to suggest that it is relevant to consider also how norms and normlessness affect individuals. In other words, persons need not only human objects but also norms or rules or, more generally, games that are worth playing! It is a matter of everyday observation that men suffer grievously when they can find no games worth playing even though their object world might remain more or less intact (Szasz 1961, p. 282).

Action is the basic problem in object loss, and people devise ingenious ways to sustain it.

By way of illustration, various authors noted the relationship between loss of social roles in the aged and the effect of this loss of self-image or self-esteem. The importance of feeling useful and needed for the maintenance of a sense of worth and self-esteem is a crucial issue that is addressed by some social programs. One of the few roles available to the aged is that of grandparenthood. Thus, levels of morale or positive self-esteem in foster grandparents programs were addressed recently in such studies as those of Saltz (1971). Both Saltz and Wylie (1970) consider life satisfaction as program-impact variables in community programs. The findings show that self-esteem among the aged is related to feelings of usefulness and engaging in activities which provide a link between younger and older generations. Studies indicated that social interaction is positively associated with life satisfaction and that not only activity but also contact with others is important for the preservation of personality and the absence of depressive feelings (Kalson 1976, p. 340). The relationship between work and life satisfaction and health is not entirely clear. It would be useful to consider the question of the potential psychological and physical benefits of work for aging individuals. Finally, no studies have yet appeared where Spanish-speaking elderly are participants in foster grandparent or similar programs.

Customs, traditions, values, norms, and rules of interaction may constitute a further elaboration of the premise of "game." Culture designs and dictates the range of interactions to which one should respond. Thus, norms and normative obligations are also part of the interactive network. Social symbols, such as *respeto* (respect) or *el deber de los hijos* (one interpretation in the literature is a social and moral obligation to support the aged parents), can be considered important evaluations of conduct in the Spanish-speaking family. There may be other normative expectations. These symbols can be equated with norms and values, since action can be organized toward them. The meaning of an object, symbol, or situation resides in the meanings that are brought to it and hence must be located in the interaction process. The meaning of a class of objects often becomes stabilized and perhaps even written into customs and traditions (Blumer 1966, p. 539). From these customs and traditions, norms and rules of interaction are devised. Becker suggests that "People 'create' objects by acting according to social rules. They 'create' themselves as they create objects. Social rules and objects provide man with a staged drama of significance which is the theatre of his action." Man, in short, creates meaning through interaction. The stability of social relations rests on standard meanings and modes of interpretations of these meanings derived in interaction [illegible]rte 1978, p. 18). In the case of *el deber,* a cultural symbol, the perception of the existence of such norms is an empirical question requiring further elaboration.

Theoretically, the social self emerges and is sustained in a most basic way through interaction with others (Maddox 1963, pp. 202–203). Fundamental structural constraints, such as the impact of modernization on the family, may result in the eroding of family ties and the whole structure of meaning. Lessened family interaction with immediate family should lead to feelings of lowered morale and lowered self-esteem, unless interaction can be replaced with significant others, such as extended kin, neighbors, members of the ritualized kinship structure, the *compadrazgo* system, or voluntary agencies. These successful substitutions need to be researched for their implications in sustaining the elderly.

The theoretical perspective that has thus far been proposed suggests quite specifically that depression, bereavement, alienation, or lowered morale are based on a loss of meaning. Meaning, in this case, is derived from mutual definitions of value and norms via participation in social interaction. Additionally, it is suggested that group structure and stability in social relations lead to common definitions of norms and values. An addition to basic symbolic interaction theory is now proposed.

Marris (1974) proposes a construct he calls the "conservative impulse." The impulse consists of an intolerance of unintelligible events so that "...anything which threatens to invalidate our conceptual structures of interpretation is profoundly disruptive." Marris points out:

> ...nothing becomes meaningful until it can be placed in a context of habits of feeling, principles of conduct, attachments, purposes, conceptions of how people behave and the attachments which make life meaningful are characteristically specific (Marris 1974, p. 10).

When the pattern of relationships is disrupted in any way for which one is not prepared, continuity in the interpretations of life becomes attenuated or altogether lost. "The loss may fundamentally threaten the integrity of the structure of meanings on which this continuity rests, and cannot be acknowledged without distress. But if life is to go on, this continuity must somehow be restored" (Marris 1974, p. 21). The nature of change and growth then comes from imposing new purposes in circumstances whose meaning has not been disrupted. Bereavement or, more broadly, depression follows from the disintegration of a meaningful environment without any change of purpose.

Such rapid and time focused changes, such as migration from a rural environment to an urban *barrio,* or the destruction of a *barrio* because of slum clearance, leaving or entering a nursing home, or role changes such as widowhood, may be studied using Marris' loss and change theory. Moore points out that disruptive changes are potentially present as ghettos and *barrios* are located in those parts of town most susceptible to redevelopment and expansion efforts (1971, p. 92). *Barrio* supports are thus particularly susceptible to destruction. On an individual level, subjects can be expected to feel powerless, alienated, and possibly depressed, unless they are fully involved and engaged in the changes they are to experience. Destruction of neighborhoods in the larger *barrio* is bound to create difficulties in the adjustment of people. To the outsider, seeing only bad housing and streets in need of repair, the *barrio* is not seen as the integrated community that it sometimes is. The "fabric of meaning" that people have developed is never really redeveloped in the other neighborhoods where people may move after urban renewal.

Korte used the multiple perspectives of Becker, Szasz, and Marris to determine which of eight social participation, health, and age variables best discriminated high and low levels of morale. Korte's study attempted to determine the extent to which morale is maintained by social interaction. Several social interactional variables, such as levels of frequency of participation with neighbors, immediate and extended kin, were used as predictor and discriminator variables. Other variables, such as age, good health, and expectations for mutual aid and propinquity, were used in the regression and discriminant analysis. Some support for the basic theory was found. Social participation with neighbors was found to sustain morale when extended and immediate family members were unavailable for interaction.

Studies using multivariate analysis of the correlates of morale have been unable to account for most of the variance. Botner and Hultsch used 27 social and environmental variables to predict morale. They accounted for only 40 percent of the variance (Botner and Hultsch 1970, p. 45).[4]

As a construct, morale needs to be better validated both in theory and measurement. Maddox speaks to the problem of needing consensus about the empirical referents of morale as well as reliable measures of the construct (1963, p. 204). Final evaluation of the Becker, Szasz, and Marris formulation seems to indicate that the theory holds best when interaction has been acutely severed, as in the case of natural disasters, death of spouse, or any abrupt changes in the immediate environment as occurs often in *barrio* removal. Effects of modernization do not seem to be events that come as abruptly, thereby destroying the "fabric of meaning," but seem to occur within an extended period of time so that the elderly have made adjustments or found alternatives for altered kin interactions. Further, the relationship between morale and social interaction is obviously modified by perceived good health, younger age, and current familial and social situations. Perhaps personality factors are also important, as some persons seem more vulnerable to abrupt changes. At this point in theory development, these are issues requiring further clarification.

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[4] **See also Erdman Palmore and Clark Luikart, Health and social factors related to life satisfaction, *Journal of Health and Social Behavior* 13:76, March 1972. This study accounts for 40 to 46 percent of the variance.**

At a recent conference, Gibson suggested the term *animo* for morale (Maldonado 1978). Gibson suggested identifying terms that are meaningful to Chicano elderly. The proposition has merit for several reasons. The literature has certainly documented that Mexican–Americans have differing concepts of illness and disease (Rubel 1960) or of ethnopsychiatry (Kiev 1968). The terms to follow are not terse, therefore not technically accurate, but are offered only as illustration.

A large vocabulary reflective of well-being or *bien estar* exists. For example, *no tener animo* or *falta de animo* seems to mean to lack motivation, to be listless, and to lack commitment. One analytic study identifies a factor termed "zest for life" which at face value seems equivalent to the *animo* concept (Adams 1969). More interesting is the term *mortificación.* The meaning seems to be a reactive agitation difficult to cope with and reflective of meddlesome social relations with family members or vexing persons. The research task is to use such terms as *mortificación* as sensitizing concepts. These are concepts that are not immediately made operational (that is, stating a concept in terms of its measurement). A sensitizing concept is used to learn the processes representing it and the specific meanings attached to it by persons observed. Later, the term may be studied in various social interactional settings to determine commonalities and differences in meaning (Denzin 1972).

Filial Responsibility

Filial responsibility refers to adult children's obligations to meet their parent's needs (Seelback and Sauer 1977, p. 492). Increasingly, because of longer life expectations, middle-age adult children may be confronted with such a problem. Blekner calls this a "filial crisis," with the attendant need for adult children to achieve "filial maturity" (1965, p. 407).

Greater life expectancy and trends of achieving grandparenthood earlier in the life cycle mean the potential for a four-generation family. The structure of such a family has varied and led to interesting consequences for relationships between generations.

Filial maturity may be a concern for the older Mexican–American faced with mounting stresses related to poor health and limited financial resources. For the urban middle-age son or daughter, who has a frail and elderly parent living at a geographical distance, the problem of providing support or other help during illness may be exacerbated.

Persons in the third generation, the "young-old," will likely have to be more responsible for a fourth-generation frail person. Thus, it is very probable that a woman of 60 may be faced with the problem of caring for an infirm mother in her 80s. She may also have grandchildren who may compete for her attentions (Townsend 1968).

Given the lower socioeconomic class, high fertility, economic and other problems of many Mexican–Americans, one can only speculate on the types of relations that may ensue. Perhaps the 60-year-old parent would also be trying to assist a daughter and her children experiencing difficulties in marriage or the involvement of the fourth generation person in the problem of a grandchild given shelter in their home.

Townsend says there is a need for reevaluation of not only

> theories of change in the process of aging but also theories of urbanization and the social effects of urbanization. Individual aging is taking place in a situation of continuous socio-structural change rather than one of stability and we need to measure this change much more exactly if the question of process is to properly be explored (1968, p. 257).

Seelback and Sauer believe that difficulties may ensue between parents and offspring, especially when filial responsibility expectations are either inconsistent with each others' or inconsistent with the beliefs, practices, and demands of modern urban society (1977, p. 492). Expectations for fulfillment of filial responsibility may be as critical as the ones for social interaction presented in the preceding pages.

Moore points to an interesting controversy concerning some studies she reviewed in an earlier article on Mexican–Americans. Referring to Carp's study and a study by Reich, Moore notes that these researchers' review of the literature posits that a "warm and supporting" quality exists in the Mexican–American family. However, according to Moore, both researchers cite data which contradict these normative stereotypes. Despite data indication, Carp and Reich's studies conclude that the family remains a significant source of support for the Mexican–American elderly. But, Moore points out, "...the data are not directed specifically at the question of how these potential resources (kin and neighbors) operate or fail to operate for the elderly in that particular community" (1971, pp. 32–33).

The "warm and supporting quality" of relationships between generations in the Mexican–American culture has been challenged by some. Crouch, reporting on a south Texas study, found that 61 percent of the aged Mexican–Americans in his sample indicated that the family did not have an obligation to support the older persons, whereas 38 percent stated that the family does have such an obligation (1972, p. 526). Maldonado has called attention to the problem by noting that the stereotype of the extended family with its emotional and social support for the aged may have been based on historical fact, but today it may be incomplete and misleading. Maldonado believes that governmental agencies in "respecting the culture" may be avoiding their responsibility to provide services to the Mexican–American aged, since the responsibility is relegated to the family (1975, p. 213).

In a study on filial responsibility, Laurel (1976) compared two-generation groups in a large Texas urban area with a similar two-generation group in a rural area in the lower Rio Grande valley. Middle-age parents formed one group and their teenage children another. Both groups were compared on an attitudinal questionnaire in regard to the support of elderly parents.

Piaget and Kohlberg's theory on the socialization of moral judgment is used by Laurel in his study. One of the issues identified by Laurel and central to his thesis is how model values are transmitted from one generation to another. Presumably, if socialization is at all successful, then parent and child would have the same value sets. Changes in social organization, economic conditions, and population movements have an impact on generational values. It is not clear whether the family is of little importance in transmitting values, as other agents in society are reinforcing other and contrary values, or whether the family responds to changes in the social system and thus changes, vis-a-vis their own parents, the nature of the values they transmit (Laurel 1976, p. 144).

Unfortunately, since few or no studies have been conducted on the socialization of family values among Chicanos, it is difficult to speculate about the core values that get transmitted from one generation to another. At this point, it is far easier to study differences in values between generations. Laurel found that middle-age parents scored higher on a scale of filial responsibility than their teenage children in both the urban and rural samples. Part of the reason for lower filial scores, argues Laurel, is that the younger generation has accepted the dominant society's definition of success and is prepared to sacrifice family ties which hinder mobility. The Chicano generation (Alvarez), seen as a very competitive and affluent group, may reject the ways of their ancestral past and may feel that the values of familism and care of the elderly are outmoded or discarded altogether (Laurel 1976, p. 146).

Laurel posits some problems of guilt and tension for this generation. He cites the Ramirez study which finds that Mexican–American adolescents, who depart the most from traditional cultural values, report more conflicts with parents and experience more guilt (Ramirez 1969, p. 155). Lowered scores on filial responsibility of students may also suggest that the moral values are not absolute and unchangeable. An alternative view is that social organization in the Mexican–American family is not as authoritarian as suggested in the literature (Laurel 1976, pp. 144–145). A further possibility is that filial responsibility increases as a function of age and maturity so that today's adolescents gradually become more concerned about these matters.

Laurel has also found that rural parents and rural teenagers tend to score higher on filial responsibility than the urban comparison group. Other findings of interest in value differences concern length of residence in the United States. He found that parents and children grow farther apart in value orientations with the passage of time. The generation-since-immigration variable (GSI) was defined as the generational length of time since the respondent's last family member immigrated to the United States. First-generation immigrants were those respondents who were natives of foreign or mixed parentage. Second generation were respondents having at least one foreign-born grandparent. Parents and teenage students in the first two generations are more similar in their attitudes toward filial responsibility than those in the third and fourth generations (Laurel 1976, pp.122–123). First and second generations are bound also to be more traditional, as they are more recent immigrants from Mexico. This is an interesting variable that will probably be used more in studies on Mexican–Americans. One point needs to be made concerning studies of this ilk. A study with an Anglo comparative group and fourth-generation Mexican–American families could at least compare differences in filial responsibility attributable to ethnicity.

Program impact seems to be relevant in the area of filial responsibility. The question of reinforcing adults' obligations to care for and support needy parents, versus further governmental and community services, is an issue which could further split generations. Seelback and Sauer raise the question: "If adult offspring are dependable and desirable sources of affective and instrumental support for their aged parents, then the burden upon extra-familial sources may be lessened. But if offspring are not reliable or desirable, then programmatic efforts must serve as a substitute" (Seelback and Sauer 1977, p. 498). Clearly, Laurel's research is a beginning in the exploration of these very vital questions.

Participation in Political and Voluntary Associations

Another area where generational differences affect current social adjustment, feelings of self-esteem, and sense of efficacy is the area of political and social organization participation. With so many important issues impinging on today's elderly, perceptual barriers which work against political participation make these studies particularly relevant. Participation in social organizations, where the elderly themselves can shape the nature and direction of social programs, may also help in the creation of positive feelings of efficacy and self-esteem. Both political and social participation provide the elderly with opportunities for creating their own meanings with a unique ethnic flavor.

Almond and Verba's (1963) concept of political culture forms the basis of Torres-Gil's dissertation, which assesses the relative importance of political socialization, historical developments, personal experiences, and reactions to events which affect political attitudes and political participation. Almond and Verba's survey of political attitudes and political participation in five countries (Mexico, United States, Great Britain, Germany, and Italy) is used comparatively to develop their theory of political culture. The political culture of the United States can be characterized by a civic culture where participation is highly developed and widespread. Political discussion and involvement are high, and a strong sense of active involvement is present. In contrast, Mexico represents a subject culture of alienation because of inconsistencies and imbalances. In the Almond and Verba study, Mexicans showed the lowest levels of political participation. Mexicans perceived their political culture and its bureaucracy and police as corrupted and insensitive to their needs. The lower classes expected authority and policies to flow from the apex down to them; hence, they did not anticipate participation in the political processes. As compared to the other five cultures, Mexicans evidenced a great deal of pride in their political system, a function of the Mexican revolution and the presidency (an embodiment of national pride) (Torres-Gil 1976).

Torres-Gil contends that some Mexican–American elderly may have been socialized to a political culture incongruent with the participation culture of the United States. If "...one is not an active participant in this political system, one would tend to be both alienated and powerless" (Torres-Gil 1976, pp. 53–54). In this country, this appears to be the case of the older Chicano. The theory of political culture provides the contextual framework necessary to understand the older person's political orientation, but, argues Torres-Gil, "it does not describe the specific historical and contemporary factors which have impeded their participation in American politics" (1976, pp. 53–54).

Torres-Gil provides examples from the sociohistory of the present Mexican–American elderly that have had tremendous influences in a reverse socialization toward participation in the political culture. These examples serve to underscore the importance of viewing the present Mexican–American elderly in terms of their special social and cultural history.

Torres-Gil's study in San Jose selected 106 low-income Mexican–Americans. Data on rates of political activity, political attitudes, and descriptive material, a form of mini-personal history, were collected. Political participation and political attitudes served as dependent variables.

In an analysis of personal experiences, Torres-Gil's respondents recount personal experiences that affected political outlooks and present in a most personal way the study's findings. This paper cannot retell these poignant stories collected by Torres-Gil on the effects of racism, poverty, discrimination, and the Mexican revolution on the development of distrust and bitterness toward political institutions (1976).

Interestingly, Torres-Gil did discover that those elderly who were originally from New Mexico were the most politically aware and active (1976, p. 177). This finding is most understandable given the history, the political participation, and the sometimes fierce political climate of northern New Mexico.

Generally, Torres-Gil's study found older Mexican–Americans to be relatively inactive in overall participation, though they seemed to rate favorably on political interest and awareness. Part of this awareness was attributed to strong support for Cesar Chavez and UFWOC[5] activity in San Jose, as well as organizing of senior citizens in the area. Those elderly born in the United States were more active than Mexican born. Personal experiences revealed much bitterness and distrust toward whites and thus politics in general. Many had experienced discrimination at the hands of police, politicians, and authority figures. Some elderly responded that they disliked and disagreed with the Chicano movement. Fear, as a perceptual variable, referred to perceived negative consequence, such as a loss of citizenship, social security, or deportation. Those who were participants actively support Chicano politics, age-related activities, participation with white elderly, and were members of senior centers. They also had better income, more education, and were generally younger. Active participants were likely to have come to urban areas, live in politically active East and West San Jose and had been born in New Mexico (Torres-Gil 1976).

Political participation forms one small part of yet another doctoral dissertation. Out of a sample of 446 Mexican–Americans, Cuellar found that 53 percent out of over 400 Mexican–Americans in the Social and Cultural Context of Aging study referred to earlier were registered voters. Having predictable patterns of voting followed having higher occupational status and education, being younger, and being male.

Although many were registered to vote, few were engaged to the extent of providing money to a political campaign, having attended a meeting of a community, or having written to a politician. Perception of influence on the government varied with age. The older respondents felt that they had little influence on governmental decisions. Another area of interest showed that, the older the person, the less the political consciousness, i.e., the forming of active political groups by age (Cuellar 1977).

Political participation seems to be a function of age cohort and social occupational level as indicated by these data. Thus the "young-old," 45-years and above, perceived political legitimacy in the circulation of petitions, marching peacefully, and holding meetings and rallies, while those over 65 rejected the rights of groups to civic disobedience, mass demonstrations, boycotting, and picketing. Cuellar concludes that the generational cohort, with those socialized politically during the "repression and economic depression" period of Chicano history, exhibited a greater tendency toward seeing these forms of political actions as illegitimate (1977, p. 391).

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[5] United Farm Workers Organization.

A model of political behavior has been developed by Torres-Gil and Becerra. Two types of political participants among the elderly are delineated. Those who are "public participators" attend meetings and participate in out-of-the-home activities which require commitment and regular attendance. Another type is the "armchair participator" who expends little energy but participates in the discussion of politics, expresses interest in political events, and indicates support of political leaders and political causes. Both of these participants have differing levels of political activity. Those who feel efficacious are also likely to be involved. Finally, environmental (low educational achievement, lack of transportation, and health problems) and perceptual (discrimination, threats of deportation) factors act as barriers toward political activity among Mexican–American elderly (Torres-Gil and Becerra 1977, pp. 393–394). Has the "Mexican experience" (low participation in the home country) created more differences in political participation than the "Mexican–American experience" in this country, with its own history of discrimination, forced repatriations and harassment by politicians and others?

Social participation, like political participation, is crucial to the maintenance of self-esteem and self-conception. Like political participation, social involvement can lead to feelings of efficacy, a most important and positive evaluation of self. Involvement in social organizations can have important benefits, enabling individuals to challenge and manage their own social programs. Simic proposed that aging be viewed as a career because this perspective contradicts the concept of growing old as a series of losses to be endured. The focus in this section will be on those gains that are made by social participation or, as Simic says, "...where cultural continuity phrased in the idiom of ethnicity may be maintained and savored" (1978, p. 240).

The voluntary association has provided the elderly Mexican–American with new roles, information, new competencies and abilities, shared experiences with others, and some prestige and power through the manipulation of available resources and social interaction (Cuellar 1978, p. 215). Costa relates one experience in which elderly given access and input to those areas of the dominant society providing services were able to secure these resources and develop a cohesive social unit (1975, p. 25). The networks developed in the program were later useful in service delivery.

Although perhaps not intended as a typology, Cuellar identifies several types of members of a senior citizens club. These types are presented here because this writer believes the classification might be useful in later research. Members can be categorized into a variety of types according to their behavior in the organization. There are two types of lonely senior citizen club members: the "network constructor" and the "companion seeker." Network constructors use the voluntary association as a basis for developing their personal social network. The companion seeker uses the organization to establish a link with a particular individual (or individuals) with whom to share affection, sex, and/or love (Cuellar 1978, p. 216). A more common type is the "experience seeker," who is interested in doing and enjoying things for the first time. Some were learning to participate in the politics of the senior citizen club for the first time. The "status seeker" is a type who has never had much power or prestige and uses the organization to reflect self-worth. Related to this person is the "status asserter," who uses the group to maintain a reputation of being competent in some sphere of activity. Finally, the "status compensators" are workers who have lost some measure of control or power with their exit from the labor force (Cuellar 1977, pp. 376–377). The voluntary association thus forms a resource for the elderly to gain interaction with others, to test the social self in new roles and endeavors, and finally to compensate for some of the discontinuities which age sometimes brings.

The voluntary association cannot meet the needs of all elderly. Some researchers have turned to the study of natural networks to determine their composition, their utility in serving the needs of elderly, and also as a viable service delivery system. As a cultural coping mechanism, natural networks seem to be most useful in supporting the elderly person in his home and neighborhood. Specifically, Valle and Mendoza (1978) studied the paths taken by the respondents to services as well as cultural attitudes toward helping and being helped. Because more is said in subsequent chapters on natural networks, this topic is not covered further.

Additional research will probably uncover the density, extensiveness, and limitations of these networks. At present the Valle and Mendoza study aptly demonstrates the existence and function of available networks. Valle's (1974) earlier work in San Antonio and Houston illustrates the universality of networking in urban *barrios*. Natural networks appear to fall into what Moore has termed "coping structures" or *barrio* institutions. Networks may be only one of many *barrio* institutions which may exist.

Barrio religious organizations may be yet another coping structure. Little is known about the functions and types of these organizations. The semi-secret *penitente* brotherhood in New Mexico serves the elderly in rural areas in funerals and community projects and support. Church-related organizations are known to provide support to infirm elderly by offering comfort.

SUMMARY

Moore's perspective, which involved evaluating such elements as special histories, impact of discrimination and racism, the development of subcultures with their coping structures, and social change, has been useful in evaluating the current but still limited studies which have been conducted by minority and other researchers. The research perspectives presented thus far have several commonalities and are presented below by way of summary. Additionally, some thought on the development of a theoretical stance or model is presented.

Most of the researchers cited have been concerned with the special histories of the samples they studied. Attention was placed on the regional differences that each of these diverse and heterogeneous Mexican–American groups exhibited. Related to the special history of the groups studied is the further analysis by generational cohort. The best example of this stance is that of Cuellar, who used Gomez-Quiñones' typology of generations. Laurel used the typology developed by Alvarez to characterize the present middle-age generation's attitudes of filial responsibility with those of their children. Torres-Gil's study also reflects generational and regional factors in political orientation.

Thus far the modernization perspective has been invoked as a background from which to view potential destructive effects on the Mexican–American family value system. Since different generations have been differently affected in their value and belief systems by urbanization, industrialization, and modernism, one would expect generations to have different expectations for each other. Symbolic interaction concepts seem to be cogent in delineating the way cultural values, norms, and attitudes are transacted in social interaction. The Nuñez and Korte studies illustrate how normative expectations for familial interaction have an impact on self-esteem of the elderly. Laurel demonstrates how filial responsibility as a normative stance varies by urban and rural locality, as well as by socioeconomic class, religion, and generations-since-immigration. Clearly, Laurel illustrates the gradual inroads made by the modernization of the value system. Valle's work illustrates further how values such as *amistad* are transacted between helper and helped. When normative expectations are not fulfilled, problems of lowered morale ensue. Morale, as feelings of anomie or, more broadly, depression, needs to be studied in relation to normative expectations. Presently, some limitations in the morale concept exist. The concept does not have sufficient theoretical and methodological validation. The sociological aspects of lowered morale need to be more clearly defined, as these are important mental health considerations.

Social participation outlets, such as involvement with a helping network, a senior citizens club, or political participation, may lead to higher levels of efficacy and control over one's environment. Participation can lead to the establishment and maintenance of continuity in those types of organizations that promote "meaning" for the elderly.

The above perspective is obviously limited to those elderly who are able to make use of social participation. Obviously, ill health, low levels of education, lowered incomes, lack of transportation, distance plus the perceptual barriers identified by Torres-Gil effectively work against integrating the poor, and those without access, into organizations. For those able to participate, social identity is maintained. Maintaining social identity with its totality of social roles is central to self-esteem and self-conception. To lose role, to lose "game," in Szasz's words, is to erode self-conceptions and to sacrifice social identity. If the social rules of value fulfillment are changed, the problem of not being able to play in their "game" is evident.

Rosow summarizes it well:

> The social world specifies the ground rules by which the game is played and defines the meaning of events which have such an impact on the mental health and well-being of old people. These social rules create the crisis that is so consequential to the aging self (1973, p. 821).

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Chapter 2

Chicano Culture and Mental Health Among the Elderly

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Introduction

In the early 1970s, students of ethnic-minority group social gerontology—such as Moore (1971a), Solomon (1974), and Sotomayor (1972)—were justified in decrying the fact that virtually nothing substantive was known about aged Chicanos. This is no longer exactly the case, and what is needed is a more precise assessment of the current state of knowledge.

First, on the positive side, the number of studies and articles has increased appreciably in this decade, with nearly 75 publications constituting the main body of information. Furthermore, studies of Chicano elderly have covered a wide variety of topics, such as life satisfaction and morale, widowhood, income, retirement, political behavior, housing, and health. On the negative side, however, there remain critical problems with the available data. There have been no experimental studies; instead, the empirically based data on Chicano elderly come from surveys and case studies. A problem with such studies is that they are basically descriptive, and often they are too general to provide more than a superficial understanding of this population. Commonly, for example, survey data are reported which cite the incidence of some problem among Chicano elderly, but there is no accompanying explanation for why such a problem exists. As a result, conflicting theories and unfounded, speculative essays are all too prevalent in the Chicano elderly literature.

The premise of the following discussion is that, among such problems in the literature, the most glaring is the lack of attention to *culture,* for the majority of studies appear to assume that Chicano elderly are culturally homogeneous. Specifically, these gerontological studies often refer to "Chicano culture" yet never offer details of this variable. Not a single study has been identified, for example, that deals with the highly significant variables of acculturation or generation differences among Chicano elderly—acting as if there is "no difference" between those born in Mexico and those born in the United States. Second, those studies with multi-ethnic samples (usually Anglo, black, and Chicano) consistently attribute intergroup differences to "ethnicity," yet they never define nor specify any ethnic factors. Moreover, these studies neglect to consider intragroup cultural differences within their ethnic population samples.

In the absence of a body of research defining key variables among Chicano elderly, or even a consistent set of theoretical statements to guide our search for a definition of Chicano culture, it is imperative to organize what information is available in as orderly a fashion as possible. With that in mind, the initial concern of this chapter is to present a modal, demographic characterization of Chicano elderly—not to be misconstrued as a description of Chicano culture but to serve as a baseline for subsequent discussion of that culture. Next, to arrive at a more substantive and detailed understanding of their lives, the empirically based data on aged Chicanos' psychological and sociocultural characteristics are delineated and analyzed. Then, in conclusion, a summary and assessment are presented on the current state of knowledge about the culture and mental health of Chicano elderly.

Demographic Characteristics

Although a number of Hispanic scholars (cf. Hernandez, Estrada, and Alvirez 1973; Macias 1977) have criticized census reports for significantly undercounting the number of Chicanos in the United States, there is sufficient information for at least a general understanding of aged Chicanos' population characteristics. For present purposes, what is important is that the data from census reports and from individual studies generally corroborate each other. However, since precision is lacking in these data, it is considered, as a caveat, that the reliability of the demographic statistics implies but does not confirm their validity.

Population Size

The age 65+ population is the fastest growing age group in the United States, increasing 63 percent from 1950 to 1970 (Acosta 1975).

But the increase has been much greater among Hispanic elderly, as their numbers have tripled since 1950 (Estrada 1977). Specifically, the most recent census (U.S. Census 1976) reports a nationwide population of 6.6 million Chicano, with 3.5 percent age-65+ and a total of 7.8 percent age-55+. Thus, the Chicano elderly, beginning at age 55, number approximately 500,000, though it may be implied from Macias" (1977) revised estimates that the actual number could well be over one million.

The rapid growth and large size of this population have two basic implications. First, according to Estrada (1977), the statistics indicate that aged Chicanos are primarily "young elderly," below age-75. Second, by sheer numbers alone it is clear that Chicano elderly have become an increasingly significant element in Chicano families and communities and in the general elderly population in the United States.

Sex Ratio

The 1970 census reports that, for the U.S. elderly as a whole, the sex ratio is 72 males/100 females, whereas the ratio for aged Chicanos is 90 males/100 females (Sanchez 1974). This may have positive implications for the psychological well-being of aged Chicanos, for it suggests that they are more likely to be living as married couples than as widowers. On the other hand, several studies caution that these figures should not be misinterpreted as signifying that Chicano men are healthier and sturdier than the norm; we know this is not so, as their longevity rates are lower. Instead, Chicanas have shorter life expectancies, possibly due to the debilitating influences of poverty, many child births, and hard physical labor (Crouch 1972; Ellis 1962; Estrada 1977).

Nativity

Data on country of origin permit inferences about the extent to which acculturation and cultural conflicts may be critical factors in the lives of elderly Chicanos. Available data suggest the majority of Chicano elderly are foreign born. The 1970 census reveals that 59 percent of the aged Chicano population (age-65+) were born in Mexico (U.S. Census 1973); and in a San Diego study of elderly Chicanos, 64 percent of the sample were Mexican-born (Valle and Mendoza 1978). Being born in a foreign country and growing up with values different from mainstream U.S. values mean that the majority of elderly Chicanos were socialized with Mexican values and customs and then had to readjust to the American sociocultural system. This is a source of stress which seems underemphasized in the literature in Chicano elderly and needs to be evaluated more diligently in research on this population. Furthermore, it is inaccurate to assume that *all* Chicano elderly have undergone the stresses of acculturation at the same level of intensity, since between 30 percent to 40 percent were born and raised in the United States.

With regard to cultural conflicts, a significant statistic reported by Peñalosa (1966) is that 79 percent of the Chicano population in Southern California are U.S.-born. This means that the majority of aged Chicanos (born and socialized in Mexico) have children and grandchildren who were born and socialized in the United States. This directly suggests generational differences of major proportions among Chicanos, with the old and the young having different "core cultures" —one Mexican, the other American, respectively. The potential psychological significance of this is discussed in detail later in the chapter.

Residency

Besides the shift from one country to another, many Chicano elderly have experienced the characteristically stressful transition from rural to urban areas. For example, before World War II, the majority of California Chicanos lived in rural communities or farms (Peñalosa 1966), but, by 1970, 91 percent lived in cities—and, in particular, 93 percent of the Chicano elderly in California lived in cities (U.S. Census 1973).

Typically considered more stressful than urban life per se is life in the inner city, and available statistics show that, of the total U.S. elderly Hispanic population in 1975, 66 percent lived in inner cities (U.S. Census 1975). Quite simply, this statistic identifies another source of stress to be added to those already cited for aged Chicanos—that is, besides the move from one country to another and from rural to city life, these elderly must also cope with what are often very life-threatening conditions in inner cities.

It can be argued, however, that such stresses might be mitigated by duration of residency, since years of residency in one area presumably promote adjustment and a sense of stability. If this is a reasonable argument, then it is significant that several studies—in San Antonio (Carp 1969), Denver (Sotomayor 1973), and San Diego (Valle and Mendoza 1978)—found that the majority of their Chicano elderly respondents had been living in the United States for many years (often more than 20 years), owned their own homes, and had been living at their present residence for about 10 years. But, unfortunately, these data cannot be generalized across the United States because Cuellar (1978) found that the majority of his Chicano elderly sample in East Los Angeles had changed residence in the past 5 years. And Estrada (1977), referring to national census data, reports that Hispanic elderly are highly mobile, having the highest rate of intercounty mobility among all elderly persons. More precisely, Estrada discovered that female Hispanic elderly are more mobile than males, and that age-85+ Hispanics are the most mobile of all. Since none of these authors explains these findings on residency patterns, their data raise more questions than they answer. At best they may be concluded, although with caution, that most Chicano elderly have been in the United States for at least 10 to 20 years, but there is considerable variability in their degree of residential stability.

It should be noted, as an aside, that these data on residency offer a concrete example of the lack of specificity, as previously discussed, in the available information on Chicano elderly. Such generalities, by failing to delineate precise intragroup differences, result in conflicting interpretations and thereby hamper constructive approaches to needed social services.

Family Size

An important and consistently reported feature of Chicano families is their large size. This is both historically and currently true, as Estrada (1977) reports that Chicanos have one of the highest fertility rates in the United States. In the San Antonio study (Carp 1970) and the East Los Angeles study (conducted in the early 1970s by USC's Andrus Gerontology Center), the elderly Chicano respondents had significantly more children than the Anglo respondents. The Denver families studied by Sotomayor (1973) had a median number of four children; and the 38 Chicano grandparents comprising her sample had a total of 128 living children and 454 living grandchildren. Finally, in Korte's (1978) New Mexico sample of aged Chicanos, urban respondents had an average of six children, while the rural respondents had an average of seven. The significance of these statistics, according to Sotomayor, is that the grandparent role clearly is very common and important for elderly Chicanos; moreover, large family size signifies a large social and support base potentially available to Chicano elderly.

Living Arrangements

An important controversy exists concerning elderly Chicanos' living arrangements. The common notion is that they live with their children, yet some authors (notably Peñalosa 1966; Maldonado 1975) claim that Chicano elderly are left virtually abandoned, as the extended family system breaks down due to urbanization pressures. Significantly, the empirically based evidence shows that neither extreme is totally accurate.

National statistics indicate that Chicano elderly are three times more likely to live alone than to live in another person's home; however, instead of living all alone, the majority live in husband-wife, primary family households (Estrada 1977). Acosta (1975) reports that, in her Kansas City sample of elderly Chicanos, 95 percent lived independently. Valle and Mendoza (1978) in San Diego found that 91 percent of their sample lived independently. Sotomayor (1973) reports that many of her Denver respondents were married couples living independently, but near their children. Similarly, Carp (1969) discovered that her Chicano elderly respondents were most likely to be living as married couples and in the same neighborhood as some of their children. These studies refute either extreme view that the traditional extended family system is pervasive or deteriorating. Instead, they indicate that Chicano elderly (1) tend to live independently, (2) typically live with a spouse and only rarely alone, and (3) live near their children. Additional support for this conclusion is provided by the recent, large-scale study of Chicanos (over 600 Chicano families in three Southern California communities) which found this living arrangement to be common among Chicanos (Keefe, Padilla, and Carlos 1979). Evidently, as the Keefe (1979) literature review demonstrates, the norm for urban Chicanos is a *modified extended family structure,* with the elderly maintaining independence combined with close, regular contact with their children and grandchildren.

A second aspect of the living arrangements of Chicano elderly is that they are very likely to have children and/or grandchildren living with them. Eighty percent of Sotomayor's Denver sample had grandchildren in the home; and in the USC study (Bremer and Ragan 1977), 65 percent of the elderly Chicanos, compared to just 25 percent of the Anglo elderly, had youngsters living with them. Both were studies of urban areas, and Korte (1978) reports that the frequency of children in the home of grandparents is even greater in rural than urban areas. The psychological significance of this, as Bremer and Ragan explain, is that Chicano elderly—particularly the women—are much less likely than Anglos or blacks to experience the empty-nest syndrome (that is, a sense of depression and uselessness because of feeling abandoned by children at the end of the child-bearing/rearing role).

Education

All available data indicate that Chicano elderly have one of the lowest educational levels of any ethnic or age group in the United States. Acosta's (1975) elderly Chicano sample in Kansas City had a median educational level of 3.3 years. In a San Diego sample, the average was 5.8 years of education, and 23 percent had no formal schooling (Valle and Mendoza 1978). In a San Jose sample, 73 percent reported 6 or less years of education, and 25 percent had no formal schooling (Torres-Gil and Becerra 1977). In San Antonio, one-half of Carp's elderly Chicano sample had no schooling, and the majority were not literate in either Spanish or English. Finally, the University of Southern California (USC) study discovered that 58 percent of the age 65+ Chicanos in their sample (compared to only 10 percent of the elderly Anglos) had 6 or less years of education (Newquist 1976a); and for the age 45+ Chicanos, 70 percent of the men and 86 percent of the women had less than a grade school education (Ragan and Simonin 1977).

These data from individual studies are corroborated by national surveys of Hispanics. According to the 1960 census, 42 percent of rural male Hispanics had no schooling, and three-fourths were illiterate (Leonard 1967). The 1970 census revealed that Hispanic elderly have the second highest illiteracy rate of any elderly group—second only to Native American elderly (Velez, Verdugo, and Nuñez in press). Finally, 1975 census figures show that U.S. Hispanic elderly have a median educational level of 3.0 years, 68 percent have had less than 6 years of schooling (compared to 10 percent of all U.S. elderly), and only 4.4 percent (compared to 37 percent of U.S. elderly) have a high school diploma (Estrada 1977). In sum, the Hispanic median level of education is well below the standard literacy indicator of 5 years of schooling; moreover, Hispanic elderly, compared to the total U.S. population, are four to six times more likely not to have completed grade school (Estrada 1977).

Income

With good reason, the Chicano elderly have been characterized as the "poorest of the poor" (Camarillo 1974; Moore 1971*a*). Studies of aged Chicanos in three cities document the very low income of this population. In San Jose, 56 percent of the sample earned less than $4,000 per year, none earned over $10,000, and the median annual income was just $3,300 compared to $5,500 for the total elderly population in San Jose (Torres-Gil and Becerra 1977). In San Diego, elderly Chicanos had an average yearly income of only $4,000 (Valle and Mendoza 1978). And in Denver, the majority of Sotomayor's (1973) respondents were living below the poverty level.

According to 1975 census figures (U.S. Census 1976), the median annual household income in the United States was $13.7 thousand, but for Hispanics it was only $9.6 thousand. At that time, the Chicano elderly median income was one-third of the U.S. median and one-half of the Hispanic median (Estrada 1977). Even though the Hispanics as a group are comparatively poor, the Chicano elderly are even poorer. The Chicano elderly are also poorer than the general elderly population, for, although all elderly experience a drop in income upon retirement, that drop is even greater for minority elderly (Dowd and Bengtson 1978).

The fundamental and readily understandable reason for this poverty is that Chicano elderly have minimal financial resources to draw upon when they retire. The limited data available indicate that aged Chicanos are less likely to receive Social Security benefits than other elderly. According to Acosta (1975), 75 percent of the U.S. elderly received Social Security compensation in 1970, compared to only 50 percent of the Chicano elderly; and in the Valle and Mendoza's San Diego sample, just 60 percent of the Chicano elderly received Social Security benefits.

A second reason is that few aged Chicanos have income resources to supplement Social Security because their low-paying jobs and/or frequent job changes throughout life did not allow them to accrue substantial retirement pensions (Simonin, McConnell, and Newquist 1978; White House 1971). This situation is aggravated by their inability to accumulate personal savings, due among other things to lower mean salaries during their working years, large families to support, and a general lack of sophistication concerning banks, stocks and bonds, and other investment strategies.

In general, the potential psychological impact of this acute poverty appears clear in view of the well-known and widely documented inverse relationship between socioeconomic status and mental disorders (cf. Clark and Anderson 1967; Langner and Michael 1963). But it must also be remembered that, for Chicano elderly, the deleterious effects of chronic poverty are compounded by lifelong exposure to prejudice and discrimination. This whole complex of interacting variables is a serious problem for all Chicanos, but it is especially severe for the Chicano elderly.

Labor Force Participation

Chicanos typically occupy the lowest occupational levels. For example, recent census data show that, among Chicanos age 16+, 82 percent of the men and 56 percent of the women hold blue-collar, service, or farm jobs (U.S. Census 1976). This circumstance is significant because it signifies low retirement income and illustrates how many Chicanos are subjected to physically debilitating labor. This is reflected by a Los Angeles County finding that more Chicano than Anglo men retire due to physical disabilities (Newquist 1976*a*). Similarly, the USC study found that 64 percent of retired Chicano men, compared to only 24 percent of retired Anglo men, retire because of poor health (Simonin et al. 1978). The implication is that a large number of Chicanos (perhaps especially the men) enter retirement and old age suffering from physical disabilities and other forms of poor health related to years of arduous labor.

Despite histories of hard work combined with poor health, it is known that a relatively high proportion of Chicano elderly continue working upon reaching commonly accepted retirement ages. Data from the USC study indicate that among the 60+ age cohorts, both Chicano males and females were more likely to be employed than Anglo males and females, respectively (Simonin et al. 1978). National census data confirm that Hispanic elderly are less likely than other elderly to be retired—specifically, one-fifth of the U.S. Hispanics age 65+ were employed in 1974, and this percentage was even higher for Chicano elderly (Estrada 1977).

These results raise the issue of the cultural significance of work for Chicano elderly. One common argument in social gerontological theory is that activity (such as work) has intrinsic psychological benefits for the elderly. This hypothesis receives inferential support from the claims that the Mexican culture traditionally values the ability to work. On the other hand, it should be apparent from the chronic poverty of Chicano elderly that they work because they need the income to survive. Given that so many aged Chicanos suffer poor health, it would seem that continued employment in old age is more of a physical hardship than a psychologically beneficial activity. Until researchers address this controversy, all the arguments remain inferential, since experimental data are lacking to permit an empirical conclusion.

Health and Institutionalization

According to Butler and Lewis (1977), 86 percent of the U.S. elderly suffer some chronic ailment or disability. Unfortunately, comparable statistics are lacking for Chicano elderly—a direct function of the fact that extremely little research has been conducted on their health problems; and what has been researched has been limited to global, self-ratings of "good-fair-poor" health. A superior method would be more precise descriptions of specific ailments and disabilities and/or physical examinations. Still, from what data exist, it is certain that poor health is a major problem for aged Chicanos.

In their Texas study, Steglich, Cartwright, and Crouch (1968) discovered that health was rated as a "priority need" by Chicano elderly. In Valle and Mendoza's San Diego study, only 30 percent of the aged Chicanos rated their health as at least "fair," while 39 percent rated their health as "poor," and 36 percent cited health as their "No. 1" problem. In the USC study, 48 percent of the Chicano elderly sample listed health as their major problem (Ragan and Simonin, 1977); and compared to a mere 4 percent of the Anglo elderly sample, 28 percent of the aged Chicanos rated their health as "poor" or "very poor" (Cooper, Simonin, and Newquist 1978). Although the data base is small, these findings support claims that poor health prevails among elderly Chicanos and almost certainly is more of a problem than among Anglo elderly (Hill 1975; Torres-Gil 1976*b*; White House 1971).

Examining sex differences in elderly Chicanos' health, Korte (1978) discovered that poor health may be more common for men than for women, especially in urban areas. First, there was a significant rural-urban difference, as only 19 percent of the rural respondents (compared to 52 percent of the aged Chicano urban respondents) rated their health as "poor" or "very poor." Second, the majority of rural Chicano elderly rated their health as "fair" or "good"; however, there was still a slightly greater tendency for more rural men than women to rate their health as "poor" —23 percent of the men compared to 15 percent of the women. Third, this sex difference was even more pronounced in the urban sample, as 51 percent of the women rated their health as at least "fair," while 65 percent of the men rated their health as "poor" or "very poor." These results support Clark's (1971) conclusion that city life is much more damaging than rural life to the health of the elderly—which is significant, given that most Chicano elderly currently live in cities. In addition, these findings suggest that poor health is more prevalent among Chicano elderly men than women, presumably because of the physically debilitating nature of blue-collar and unskilled labor in cities (as indicated by the previously mentioned finding that many Chicano men retire because of health problems).

As a final point, Butler and Lewis (1977) report that very few elderly persons in the United States are institutionalized—only about 5 percent. According to Estrada's (1977) examination of the most recent statistics, it appears that the rate of institutionalization is even lower among Hispanic elderly.

> So few Spanish origin elderly persons reside in homes, hospitals, sanitariums, etc., that no proportion is published nationwide because the numerical base is so small (p.8).

Political Participation

Involvement in political activities is one indicator of the degree to which a group is involved in the wider society. Therefore, it is significant that Chicano elderly characteristically have been politically inactive. Three community studies—Los Angeles (Cuellar 1978; Newquist 1975) and San Jose (Torres-Gil and Becerra 1977)—found that Chicano elderly had very low voter participation and did not contribute much time or money to political campaigns. Nationally, Estrada (1977) reports that the elderly Hispanic population has minimal voter registration and, concomitantly, low voting behavior—although those Hispanic elderly who are registered usually vote.

The Torres-Gil and Becerra study in San Jose revealed that this lack of political participation was due to a number of environmental and perceptual barriers, such as experiences with discrimination, inability to communicate in English, and fear of such governmental actions as deportation or the discontinuation of welfare or Social Security checks. However, this study also discovered that Chicano elderly are knowledgeable and supportive of those political groups, usually conservative Chicano political organizations, which address their needs. These results thereby document both the political powerlessness of aged Chicanos and the possibility that such powerlessness might be overcome if the political system was more sympathetic and interested in the needs of the elderly Chicano population.

Demographic Summary

An effective means for conceptualizing all the statistics which have been presented is to synthesize a fictional, modal elderly Chicano or, more appropriately for the population, a modal elderly couple. This couple is not meant to correspond to any real individuals but is a composite of the modal characteristics of the aged Chicano population.

> This married couple are "young elderly," below age 75. They were both born in Mexico, socialized with traditional Mexican values and customs, and their principal language is Spanish. They grew up in a rural area, but after World War II they moved to a metropolitan area and settled in the inner city—most likely in a Chicano barrio. They came to the United States as adults and have been living here most of their lives; thus, for many years they have had to cope with discrimination and the problems of adjustment to the U.S. sociocultural system.
>
> Most of their children and all of their grandchildren were born and raised in the United States. Therefore, a cultural generation gap may be a problem they experience with their offspring (such as the inability of their grandchildren to speak Spanish). They are not institutionalized and, instead, own their own home—probably an old house–and have been living in it for many years. If not, they sold their home and moved within the past few years, in all likelihood to settle closer to their children. They want to live near and have frequent contact with their children and grandchildren; but they do not want to be a burden to them. Therefore, they prefer living independently.
>
> They have very little formal schooling, probably about 3 years and certainly less than 6 years. As a result, they are illiterate in English and Spanish. They had physically hard jobs all their lives—the husband doing unskilled or semi-skilled blue-collar work, while the wife raised a large family and/or held a service job. The husband probably retired at a relatively early age because of poor health.
>
> They may be receiving Social Security and/or welfare checks, but they probably have minimal personal savings or pension benefits from work. Therefore, they suffer acute poverty, earning less than one-half of the national median income. There is one chance out of five that they are working, most likely part-time, to supplement their income.
>
> They are not registered voters nor in other ways politically active. In this, they may perceive a barrier separating themselves from the dominant, non-Hispanic society.
>
> Finally, because of the combination of poverty, physically debilitating labor, and poor health, they have a life expectancy that is substantially lower than that of the white and nonwhite populations in the United States.

The strong impression conveyed by this depiction is that of an old couple who have experienced hard lives and are now facing an even more difficult future. This image may seem characteristic of many ethnic-minority, low socioeconomic persons, but in this case the problems are more severe because of the couple's advanced age.

Psychological and Social Correlates of Elderly Chicanos' Culture

To reemphasize a point made at the beginning of the chapter, a critical flaw in the research literature on Chicano elderly is the lack of any detailed attention to the components of their culture. In an initial effort to rectify this problem, we begin with a broad perspective on the construct "culture" by referring to a system of shared artifacts, psychological experiences, and social variables. Cultural groups are defined further by linguistic, racial, historical, and/or national bonds. These groups, in turn, may be comprised of subgroups, each of which possesses a distinctive subset (or subculture) of the cultural system of the total group.

Within this conceptual framework, we consider the Chicano elderly to have a subculture which partakes of (1) both Mexican and American cultural elements and (2) social-psychological elements distinctive to the experiences of elderly persons. Given the specific concern of this chapter, we focus on those cultural elements which impinge most directly upon elderly Chicanos' mental health, namely, their psychological experiences and social characteristics. More precisely, we consider their mental health to be subsumed by the construct "adjustment to aging," comprised of elderly Chicanos' perceptions of aging, self-esteem, morale or life satisfaction, perceptions of their own community and the wider, non-Hispanic society, and finally their primary group support.

Perceptions of Aging

The few studies examining the issue of subjective age among Chicanos concur that they perceive an early onset of old age (cf. Moore 1971a; Steglich, Cartwright, and Crouch 1968). Specifically, Clark and Anderson (1967) report that Chicanos in San Francisco describe "old age" as beginning as early as age 45. In East Los Angeles, Chicanos generally consider old age to start at age 50. And in Crouch's (1972) Texas study of Chicanos, the majority believe old age to start below age 60, with 45 percent of the sample specifying ages 50 to 55 as the period when old age begins.

It should be noted (although no one has yet discussed it in the literature) that this designation of "old age" is not simplistic, for it is a common practice in Mexico as well as among Chicanos in the United States to make distinctions among the elderly. Those, who in the United States would be considered "young elderly," are referred to by the term *viejo* or by the term *persona mayor* which has recently gained currency among Chicanos. Those more advanced in age and, in particular, suffering some infirmity common to advancing age are referred to by the term *viejito.* In cases where formality is required, the terms *anciano* or *avanzado de edad* are more appropriate. Finally, those persons who are exceptionally old and also suffer senility or loss of memory are referred to by the term *chocho* (though not in face-to-face conversation, since the imputation of debility is pejorative). What serves to distinguish the use of these various appellations seems to be a combination of chronological age plus the person's state of physical health.

This latter point has been formally presented by Clark and Anderson (1967), as they theorized that the perception of the onset of old age consists of an interaction between actual age and some symbolic event. In the United States as well as Mexico, a common symbolic event is "retirement from work." But, more precisely among Chicanos, the single most significant symbolic event is "poor health"—especially that which prohibits a person from working. Regarding empirical evidence on this matter, the USC study found that, among Chicanos age 65+, the majority in poor health considered themselves "old," whereas those in good health more often described themselves as "middle age" or even "young" (Cooper et al. 1978). Crouch (1972) obtained a set of statements from elderly Chicanos in Texas which serve as their criteria of old age: "poor health" ; "when one needs help"; "when one feels useless"; and "when one can no longer work." Finally, Valle and Mendoza (1978) also found that, for Chicanos, "feeling old" is a function of poor physical health and mental health as well as an inability to continue working.

Other supporting evidence for this relationship between physical and mental health and "feeling old" is provided by studies of Chicano elderly who are in good health. Bremer and Ragan (1977) found that, among elderly Chicanos, those who were healthy rated themselves as happy; in contrast, those who rated themselves as being in poor health also were more likely to describe themselves as unhappy. Morgan (1976), in a sample of middle-age and elderly Chicana widows, discovered a similar direct relationship between health and morale. Specifically, Morgan explains that poor health acted to compound these ladies" problems of social isolation and loneliness. And in Clark and Mendelson's (1969) case study of an elderly but active "Mrs. Chavez," the concluding argument was that her mental health was directly related to her excellent physical health. Not only did the absence of illness constitute an absence of a significant type of life stress, but Mrs. Chavez's good health and vigor enabled her to lead a productive, socially active, and hence psychologically satisfying life.

With this understanding of elderly Chicanos' perceptions of the onset of old age, one is afforded a significant insight into their general state of health and morale by the fact that so many Chicanos consider themselves "old" at such a relatively young age. In the USC study, 30 percent of the Chicano sample age 45+ considered themselves old by age 57, whereas 30 percent of the blacks did not consider themselves old until age 63, and 30 percent of the Anglos not until age 70 (Bengtson 1977). In the same vein, other research indicates that Chicanos give a much lower longevity estimate than either Anglos or blacks (Bengtson 1977; Bengtson, Cueller, and Ragan 1977; Reynolds and Kalish 1974). To these findings should be added the previously discussed data which indicate that poor health and early retirement are prevalent among Chicano elderly, e.g., 64 percent of retired Chicano men in the USC study had to stop working because of poor health (Simonin et al. 1978); and in other studies, poor health was found to be a serious problem suffered by aged Chicanos, especially those in cities (Korte 1978; Ragan and Simonin 1977; Valle and Mendoza 1978). Taking all these findings together, it may be concluded that Chicanos tend to consider themselves "old" much sooner than Anglos or blacks because they are more likely to suffer poor health and/or retire at a younger age. Moreover, their poor health and their inability to continue working have a negative impact upon their adjustment to aging by making them feel "old," "useless," and "unhappy."

At a more general level, what these data indicate is that Chicano elderly should be expected to have very negative perceptions about growing old. Not surprisingly, all available data confirm this assumption. Crouch (1972) found that in his West Texas sample of Chicano elderly, 55 percent perceived old age to be "undesirable," while only 13 percent considered it to be "good." In the USC study, compared to Anglos and blacks, elderly Chicanos had the least positive perception of old age (Bengtson 1977; Morgan and Bengtson 1976). For just the females in the USC study, Ragan (1978) reports that Chicano elderly were much more pessimistic about growing old than were Anglos and blacks and more often they expressed such negative feelings as "life is hard" and "life is not worth living."

To account for this pessimism about growing old, Valle and Mendoza (1978) explain that it is a cultural predisposition of Chicanos to hold fatalistic attitudes about life and to be resigned to endure and suffer their problems. But in addition to this culturally based interpretation, it should be acknowledged that Chicanos' negative perceptions of old age are very probably the natural result of their severe poverty, hard labor, and other problems throughout life. In any case, given such negative attitudes, the implication for mental health is that growing old—of itself—is a source of stress for most Chicanos. Concomitantly, it would appear that many Chicanos, especially those in poor health, experience difficulty in making a good adjustment to old age.

Self-Esteem

While the findings on Chicanos' perceptions of aging are generally in agreement, the complicated issue of self-esteem has been subject to considerable argument in the literature. Actually, no one has yet attempted to measure self-esteem among Chicano elderly. Therefore, based on inference and not direct evidence, the controversy has been over the presumed extent to which they suffer status devaluation and neglect in urban, industrialized American life.

The implicit premise of all the arguments in the literature is that self-esteem is rooted in a matrix of cultural values, with traditional cultures revering and investing special significance in the status of old age, while more modern cultures tend to devaluate the aged (cf. Clark and Anderson 1967; Clark and Mendelson 1969; Myerhoff and Simic 1978). Supporting this contention about modern sociocultural systems is one study conducted in six nations (Bengtson, Dowd, Smith, and Inkeles 1975). It was discovered that a direct relationship exists between modernization and a decline in the status of elderly persons. The explanation offered is that uneducated elderly have no marketable skills, and in a modern society persons are valued primarily by the amount of useful knowledge and skill they possess (Morgan and Bengtson 1976).

The issue for Chicano elderly in this regard is that the majority of them were born in Mexico and socialized with traditional, basically agrarian, Mexican values. They would therefore expect that in old age they would be granted the authority and respect ascribed to an elder in Mexico. In support of this assertion, Cuellar (1978) reports that, in his East Los Angeles study, the Chicano elderly consistently cited respect for their wisdom and experience as one of the good things they anticipated in old age. Similarly, Miranda (1977) states that *respeto* (respect) is a principal expectation of Chicano elderly, while Korte (1978) adds to this their expectation of *el deber de los hijos* (the moral obligation of their adult children to support them).

However, the self-esteem which Chicano elderly should derive from such respect and support is based almost entirely upon the family, and, if for some reason the family support system breaks down, they would be robbed of their anticipated social rewards in old age. Instead of warm affection and support from their children and grandchildren, they might be left isolated and considered unimportant, if not actually a burden to the family. Such devaluation and neglect, as Butler and Lewis (1977) explain, would tend to lower self-esteem and thereby contribute to a higher incidence of mental illness.

The key issue, then, is whether the Chicano family support system has broken down. On one side of the issue, some claim that a substantial breakdown has occurred as Chicanos have adapted from rural to urban life (Maldonado 1975; Peñalosa 1966). Torres-Gil (1976a) suggests that respect for Chicano elderly may be greater in rural areas because the elderly on farms experience less discontinuity in social roles and values than those living in the city (see also, Coles 1973; Leonard 1967). Finally, Velez (1978) lends support to this position by indicating how rural-urban migration may have had a greater impact on the status of the elderly than did the move from Mexico to the United States. His study near Mexico City found that elderly Mexicanos do not automatically receive the respected status accorded by tradition. Instead, Mexican urban elderly have to earn respect based upon their own resourcefulness, e.g., earning their own money or having a network of friends outside the family. In sum, the argument is that the benefits of modernization are primarily limited to young people, while the elderly suffer self-devaluation from the role reversal which makes them now dependent upon their children.

Contraposed to this position is the argument that the Chicano family has remained intact and that the elderly are still revered. The basic claim is that, irrespective of rural or urban residency in most Chicano families, the elders are valued and respected, especially by the grandchildren (see Miranda 1977; Sotomayor 1972). The major work in this regard is Sotomayor's (1973) study of Chicano grandparents in a Denver *barrio*. First of all, Sotomayor notes that most Chicano elderly live in barrios, and this serves as a buffer against the modernizing influences of the wider society. Second, 80 percent of the households she studied had grandchildren in them. These elderly persons therefore saw themselves as having substantial authority and responsibility for rearing their grandchildren and teaching such cultural elements as Spanish, religion, and Mexican history, food, music, and other customs. Third, all the elderly studied by Sotomayor were involved when family crises arose—offering advice, giving emotional support, and often being a source of strength holding the family together. For such reasons, these elderly Chicanos justifiably considered themselves valuable, active members in their families, and they had a positive estimation of their own worth. A related point is Moore's (1971*b*) observation that, in poor Chicano families, an elder's Social Security check makes a very real contribution to the family's support and thereby enhances the elder's sense of importance. Similarly, in Clark and Mendelson's (1969) case study, elderly Mrs. Chavez explained that she felt important because she knew her family needed her for such help as cooking meals, offering emotional support and advice, and caring for the grandchildren.

Besides this traditional cultural expectation of respect and support for old age, there are other bases for elderly Chicanos' self-esteem; moreover, these bases are different for males and females. For example, Maldonado (1975) suggests that, in view of the importance of the caretaking of grandchildren, it is probable that the grandmother role offers more of a basis for self-esteem than the grandfather role. On the other hand, Simonin et al. (1978) note that the ability to continue wage earning is a principal cultural value for elderly Chicano men. This point has also been emphasized by Sotomayor (1973) and Velez (1978), as those elderly who earn a real income have more authority and respect in the family than those who are financially dependent. The negative aspect of this formula is that any type of health problem is experienced as *more* traumatic for males (that is, have a greater effect for reducing self-esteem) than for females, since economic contributions through productive labor are jeopardized (see Kalish 1971).

This controversy about the integrity of the Chicano family in urban areas and the nature and extent of its function as an emotional support system has not yet been fully resolved. Furthermore, there are even fewer data on the other bases of self-esteem which have been discussed above. Much more research needs to be done, and, in particular, future research must develop a clear operational definition and measure of self-esteem for Chicano elderly. Nevertheless, the data and arguments discussed here serve to identify several cultural elements underlying self-esteem among elderly Chicanos: respect and authority in the family; wage-earning ability; the child caretaking role; the rendering of emotional support to family members; and the ability to hold the family together. The essential point is that the more these elements are operating in the life of an elderly Chicano, the greater the probability that the elder is experiencing positive self-esteem (granted, of course, sex differences identified and discussed above). Furthermore, whether or not the Chicano family is breaking down is moot, for, as a general rule, where families fail to provide emotional support for elder members, it can definitely be anticipated that the elderly Chicano will suffer a major blow to feelings of self-worth.

Community Perceptions

The preponderant majority of Chicano elderly live in inner cities; and, more precisely, they usually live in Chicano barrios within cities.

Such residency presumably would not bode well for their mental health, as Clark (1971) and others have emphasized that inner-city life is exceptionally stressful and that barrios commonly are characterized by poverty, substandard housing, gang violence, and crime.

On the other hand, a barrio may be psychologically beneficial to elderly, relatively unacculturated Chicanos. As several authors have explained, a barrio is a place where the traditional culture is preserved: (1) It provides a sense of community, a sense of cohesion and belonging; (2) it is a secure place where recent immigrants can adapt gradually; and (3) in general, it can shield the individual from discrimination and the negative influences of modernization (see Korte in press; Moore 1971*b*; Sotomayor 1972, 1973). Thus, in spite of the disadvantages cited above, it should not be too surprising to find many studies reporting that Chicano elderly are reasonably satisfied with their life in the barrio.

In San Diego, Valle and Mendoza (1978) discovered that the majority of their Chicano elderly respondents preferred barrio life because they wanted to live in a Latino community. Specifically, 89 percent were satisfied with their neighborhood, and 65 percent did not want to move. In East Los Angeles, 71 percent of the aged Chicanos interviewed said they preferred their present neighborhood (Torres-Gil, Newquist, and Simonin 1978). Contributing to this preference for barrio life is the elderly Chicanos' primary desire to live near their children (Manuel and Bengtson 1976; Sotomayor 1973). They also prefer living independently (Cuellar 1978), but these two desires are not incompatible according to Clark (1971), since most elderly value having a place of their own but also recognize that they may need someone nearby in case of an emergency.

Neighborhood crime is recognized as a problem, more by female than male Chicanos (Ragan 1976); but Ragan notes that overall Chicano elderly are not exceptionally fearful of crime. In the USC study, for example, it was found that 74 percent of the elderly Chicano sample did not consider crime to be a major problem in their neighborhoods (Torres-Gil et al. 1978). A second issue is the poor quality of housing commonly found in barrios—especially among the elderly (Carp 1969; Cuellar 1978; Torres-Gil et al. 1978). Nevertheless, Carp's research in Texas and Valle and Mendoza's in San Diego revealed that the majority of Chicano elderly are satisfied with their homes, although they acknowledge that material improvements in housing would be desirable. These two feelings are not paradoxical, for as one of Carp's respondents explained, "even if it is a small shack, it's my own!" The basic point, as Butler and Lewis (1977) explain, is that elderly persons have increasing emotional investment in the things surrounding their daily lives, such as their homes; so they may not be very distressed even if they recognize that the house needs repairs.

The barrio also offers culturally valued forms of entertainment and recreation and promotes support networks (Korte in press; Torres-Gil et al. 1978). In this regard, Carp (1972) and Clark and Mendelson (1969) report that elderly Chicanos, especially those in good health, have a fair degree of mobility and social involvement. The San Diego study, for example, discovered that over one-half of their respondents were members of recreational, church, or social organizations; and the large majority were integrated into the *servidora* system (community service brokers) common in barrios (Valle and Mendoza 1978). Korte (1978) also found that the majority of his urban, elderly Chicano respondents were members of church groups. Cuellar (1977, 1978) reported that barrio voluntary organizations for the elderly (i.e., senior citizen clubs), although still uncommon, are becoming an increasingly important source of social activity, support, and self-respect for Chicano elderly.

In spite of such evidence, it is still not justifiable to consider the Chicano elderly to be very active socially. Korte (1978) explained that many aged Chicanos may claim membership in organizations, but the vast majority are only nominal members and seldom attend meetings. Instead, most Chicano elderly spend their leisure time at home and/or with relatives. Similarly, the majority of Carp's (1972) respondents seldom engaged in recreation or other entertainment activities; two-thirds of Sotomayor's (1973) sample had no friends outside the family; and most of Korte's urban respondents had no recreation outside the home.

Nevertheless, to summarize elderly Chicanos' perceptions of the barrio, the evidence demonstrates that they tend to see the barrio as a positive, supportive social environment. Offering an explanation for this, Sotomayor (1973) emphasizes that a basic trait of the barrio is "mutual help" ; and, according to Valle and Mendoza (1978) and Valle and Martinez (in press), Chicano elderly prefer relying upon relatives, friends, and *servidores* instead of government agencies and other support resources outside the barrio. To this, Korte (1978 in press) adds that the *compadrazgo* system (fictive kinship) is another type of support system available to the elderly in the barrio. Thus, it appears that, for most Chicano elderly, the barrio is a supportive environment which serves to promote their general life satisfaction.

One final matter is that, besides their strong attraction to the barrio, Chicano elderly may turn to the barrio as a defensive response to negative perceptions of and experiences with the dominant, non-

Hispanic society. Specifically, Chicano elderly largely confine their social interactions to the family and to the barrio and thus have negligible contact with the social world outside the barrio. They have few non-Hispanic friends, seldom shop or engage in recreation outside the barrio, ignore the Anglo media, and are politically inactive (Carp 1970, 1972; Moore 1971*a*, *b*; Sotomayor 1975; Torres-Gil 1975). To account for such isolation, Sotomayor contrasts the "sense of belonging to" the barrio with the cold, impersonal nature of mass, industrialized society. Both Moore and Torres-Gil argue that barrio residence acts as a protective barrier against prejudice and discrimination.

With regard specifically to discrimination, Korte (in press) explains that Chicanos—perhaps especially those who were adults 30 or more years ago—have a history of negative experiences with the dominant society. Experiences, such as school segregation, job discrimination, fear of deportation, and other government perturbations, have developed in the Chicano elderly a distrust and bitterness toward social institutions. Supporting evidence for this argument comes from Kasschau's (1977) report that a relatively high percentage of elderly Chicanos have been victims of job-related discrimination. Torres-Gil and Becerra (1977) discovered that one reason aged Chicanos are politically inactive is the discrimination they have suffered throughout their lives. Finally, there is a substantial literature documenting the de facto discrimination in the delivery of mental health services to Chicanos, e.g., lack of mental health centers in barrios; lack of Spanish-speaking personnel (especially professionals); and lack of culturally relevant therapeutic approaches (for reviews, see Acosta 1977; Padilla and Ruiz 1973; Ruiz 1977). Thus, as Moore (1971*b*) and Sotomayor (1973) assert, discrimination is a major problem suffered by Chicano elderly.

Besides discrimination, Carp (1972) cited a number of practical impediments to elderly Chicanos' involvement with the wider society, specifically, inability to speak English, poverty, and poor health which restricts mobility. Similarly, Berger, Castillo, and Newquist (1977) discovered that social isolation was a problem for many elderly Chicanos in the USC study. Their poor health limited their ability to walk, public transportation was not efficient, and they could not drive, much less afford, a car.

In conclusion, these data document a variety of reasons for aged Chicanos remaining within the barrio, and they identify neither the means nor the motivation for interaction with the wider society. It may therefore be, as Cuellar (1978) asserted, that the barrio serves as a "cultural coping mechanism"—in effect, an extension of the familial support system in response to an impersonal or threatening mass society beyond the barrio.

Familial Expectations

There is agreement in the literature that elderly Chicanos have a strong familistic orientation. That is, for close emotional and social relationships they place primary value on the family, including the extended family, instead of nonrelatives. There is a traditional, cultural basis for this orientation, as Crouch (1972) and countless others have affirmed, though, according to Moore (1971a), the psychological underpinning of this orientation is that elderly Chicanos are much more interested in personal relationships than in material possessions or personal achievement.

Among the findings which support this characterization of Chicano elderly, Carp (1969) determined in her San Antonio, Texas, study that Chicano elderly are strongly attached to the extended family and, specifically, that they demonstrate a high need for affiliation. In the USC study in East Los Angeles, it was found that Chicanos age 45+ had a stronger familistic orientation than either Anglos or blacks (Manuel and Bengtson 1976). But perhaps the strongest evidence comes from Korte's (1978) New Mexico study of aged Chicanos. Korte attempted to divide both his rural and urban samples into two groups—those who preferred extended families vs. nuclear-family types. But this effort failed because virtually *all* respondents had such a strong preference for close contact with and mutual support from their extended families. In both rural and urban areas, elderly Chicanos have retained traditional family values as well as high expectations for mutual aid, affection, and propinquity with their extended families (Korte 1978, in press).

One manifestation of this familistic orientation is the desire of elderly Chicanos to live near their children. In Denver, Sotomayor (1973) reports that the majority of her elderly Chicano respondents had moved from rural areas to Denver specifically to be closer to their children. Moreover, all these respondents indicated that they would turn to their relatives for help, and all but one preferred social and recreational activities with relatives rather than with friends. Desire to be near kin was also found in the San Diego study (Valle and Mendoza 1978), the USC study (Bengtson 1976; Manuel and Bengtson 1976), and Korte's (1978) New Mexico study. There is, as well, some evidence that elderly Chicanos, particularly females, want to live in the same household as their children (Ragan and Simonin 1977). Concensus is that Chicano elderly prefer having a place of their own but in the same neighborhood as their children (Clark 1971; Cuellar 1978; Manuel and Bengtson 1976; Sotomayor 1973). As Shanas (1973) phrased the matter, "They want intimacy at a distance."

A final subject is that some controversy exists in the literature over elderly Chicanos' expectations about receiving support from their children. Clearly, in view of their familistic orientation, it is logical to expect them to turn to relatives for support. And such preference for reliance upon relatives has been found to be the case in a large number of studies (Bengtson 1976; Carp 1969, 1970; McConnell and Davis 1977; Ragan and Simonin 1977; Sotomayor 1973; Valle and Mendoza 1978). But Korte (in press) notes that this conception has been challenged by others. In Crouch's (1972) Texas sample of Chicano elderly, "61 percent indicated that the family does not have an obligation to support the older person, whereas only 38 percent stated that the family does have such an obligation" (p. 526). Similarly, in the USC study (Bengtson 1976; Newquist 1976*b*) and the San Diego study (Valle and Mendoza 1978), it was found that the majority of Chicano respondents "did not want to be a burden" to their families. Laurel (1976) theorizes that, as Chicanos become more acculturated, they increasingly accept the American middle-class custom of not expecting support from children or other relatives.

Unfortunately, there are not enough data to resolve this controversy, but at least some clarification can be presented. The crux of the matter is that most interviews about expectations for support have presented the question as a forced choice between family vs. government support, especially with regard to medical costs. Confronted with this alternative, elderly Chicanos may be predisposed to say they would prefer governmental assistance (Bengtson 1976; Crouch 1972). Thus, contraposed to Laurel's acculturation thesis, it may be that elderly Chicanos are not rejecting family support, per se, but instead want outside financial assistance. This is understandable, as these elderly undoubtedly recognize that their children are comparatively poor and cannot afford expensive health care costs, especially for long-term medical problems. Moreover, in view of their many years of hard labor and the probability that their physical disorders may have been caused by that labor, it is not unreasonable to imagine that Chicano elderly feel they are entitled to some assistance for medical expenses.

In conclusion, a fundamental principle of Chicano culture is family unity, including the extended family. This traditional, essentially agrarian value evidently has persisted among all Chicanos, despite migration to the city (see especially Keefe et al. 1979). And according to Korte's (1978) research, this seems to be especially true for Chicano elderly. As a result, Chicano elderly have strong expectations for close, emotional contact with their relatives (in particular, with their children and grandchildren); and those expectations assume the form of living near or with relatives, exchanging emotional and material support with them, and enjoying most social and recreational activities with them. The mental health implication is that family supportiveness may be the single most significant factor contributing to good adjustment to old age; but, at the same time, the absence of such support may be the most critical source of elderly Chicanos' emotional problems. Epitomizing this point is elderly Mrs. Chavez—in Clark and Mendelson's (1969) case study—who explains that her family is her major support but also the major source of her disappointments and troubles.

Life Satisfaction and Life Problems

A number of studies have enumerated what makes elderly Chicanos happy and satisfied with life and what gives them worries and problems. Most accounts cite the family as the principal source both of satisfaction and dissatisfaction. For example, regarding the good things in life, Sotomayor (1973) reports that her sample of Chicano elderly respondents most often mentioned the love and respect they receive from children and grandchildren. Ragan and Simonin's (1977) respondents mentioned leisure time, a good home life, as well as being with children and grandchildren. Bremer and Ragan (1977) discovered that, among elderly Chicanas, having children at home is one of the best things about old age. Bengtson's (1977) respondents mentioned visiting relatives as something especially pleasing. Dowd and Bengtson (1978) explain that social interaction with the family represents a source of reward and pleasure for elderly Chicanos and thereby contributes significantly to the quality of their lives.

On the negative side of this issue, however, Sotomayor (1973) reveals that the major sources of sorrow for her sample of Chicano grandparents are marital problems of their children, the arrest of a child, and similarly distressing troubles with their children. Problems due to breakdown in family unity and support include "loneliness," the fear of being forgotten, changes from the "old ways," and fear of being considered "old-fashioned" by one's children and grandchildren. Again Mrs. Chavez of the case study explained that it was very important to her to feel useful and needed by her family.

A second family-related problem area derives from the Mexican culture's traditional adherence to strict moral behavior—fundamentally a product of Catholic doctrine. The core of the problem as Maldonado (1975) explains, is that modernization causes breaks from traditional customs and mores, and a generation gap develops. This generation gap creates a variety of problems for Chicano elderly (e.g., grandchildren not learning Spanish and not knowing or remembering the history and customs of Mexico). But most painful is elders feeling there has been a decline in the morals of their children and grandchildren (Moore 1971b; Velez 1978). This was a major source of distress according to Sotomayor's (1973) Denver respondents and to Valle and Mendoza's (1978) elderly Chicano respondents in San Diego.

Apart from the family, a continual worry for Chicano elderly is severe poverty. In the USC study, 76 percent of the Chicano elderly cited finances as one of the major problems (Ragan and Simonin 1977). Sotomayor also reports that "no money" was a big worry for her respondents. Furthermore, Sotomayor asserts that finances constitute more of a problem and threat to elderly Chicanos' self-esteem than either modernization or urbanization. She argues, specifically, that, more than anything else, decline in economic power undermines the status and general importance of an elder in the family.

A third source of distress is poor health, which was found to be the number one problem mentioned by elderly Chicanos in the San Diego study, the Sotomayor Denver study, and the Crouch Texas study. In the USC study, poor health ranked second to financial problems; nevertheless, 48 percent of the sample cited health as a major problem (Ragan and Simonin 1977). Conversely, "good health" was identified by Chicano elderly as one of the most important things in old age (Clark and Mendelson 1969; Ragan and Simonin 1977).

A related health worry is the loss of vitality and activity which accompany illness. According to Clark and Mendelson (1969), as well as McConnell and Davis (1977), one facet of elderly Chicanos' cultural beliefs is their adherence to a "keep active" theory as the best way to cope with advancing age. This may account, in part, for the finding that, compared to elderly blacks and Anglos in the USC study, Chicano elderly had a much greater desire to continue working (McConnell and Davis 1977; Simonin et al. 1978). Loss of vitality also contributes to the previously mentioned problems of boredom, loneliness, and feeling useless. Moreover, as Kessler (1976) explains, loss of vitality and health among the elderly has the detrimental effect of arousing fear of loss of independence and a related fear of being institutionalized. Clearly, such fears and related problems compound the negative mental health implications of illness among the elderly.

Finally, besides family, finances, and health, several other sources of satisfaction and dissatisfaction have been identified among the Chicano elderly. Torres-Gil (1976a) notes that the majority of elderly Chicanos are very religious, and their strong faith contributes to their coping ability and life satisfaction. Sotomayor (1973) adds that teaching religion as well as cultural traditions to grandchildren can be very gratifying to Chicano grandparents; on the other hand, failure to accomplish this can be a source of disappointment. Fear of crime, as previously mentioned, is not a major worry among Chicano elderly, but it does tend to concern elderly females (Ragan 1976). Also discussed previously was the potential for worrying about government perturbations and perceived discrimination from the wider society. But the barrio's protective and supportive environment appears to mitigate such concerns, and it also offers such satisfactions to the Chicano elderly as senior citizen clubs and culturally valued forms of entertainment (see Cuellar 1978; Korte in press; Sotomayor 1973).

In conclusion, for elderly Chicanos it appears that their culturally based orientation to the family is at the core of most of their satisfactions and problems in life. They have a strong desire to be close to their relatives and receive their love and respect. The extent to which that desire is fulfilled largely determines the extent to which they are happy or unhappy with life. In this vein, health and financial problems assume special significance, as "poor health" and "no money" can undermine an elder's participation and status within the family. Apart from the family, health may directly influence an elder's self-concept as well as his ability to lead an active life. Financial problems are not only stressful by themselves, they also severely limit an elderly person's alternatives for improving his life situation—e.g., vacation travel or home improvement are not feasible. There are other influences, such as the barrio and the dominant society, but it must be acknowledged that the family, health, and finances are the most powerful determinants of the satisfaction and dissatisfaction in elderly Chicanos' lives.

Chicano Adjustment to Aging: Summary and Assessment

In the construct of "culture" formulated in this chapter, the underlying principle was that there are psychological and social characteristics of Chicano elderly which distinguish them from non-Chicano elderly. Not all such cultural differences have been of concern, however, just those presumed to have a major bearing upon elderly Chicanos' mental health, that is, their adjustment to aging. In this concluding discussion, therefore, the objective is to identify and to assess these differences and thereby determine what is distinctive about the Chicano's adjustment to old age.

1. **Chicanos perceive an earlier onset of old age than Anglos or blacks.**

The majority consider old age to begin between ages 50 and 60. This is not a cultural trait, however, for among Chicanos there is less than total congruence between chronological and perceived age. The USC study, for example, shows that some Chicanos as old as 65+ consider themselves "middle aged" and even "young" (Cooper et al. 1978). Instead, a critical aspect of Chicano culture is the belief that old age is a function of chronological age *plus* the person's state of health. In particular, poor health which prevents productive work is a major factor in the Chicano conceptualization of old age. Chicanos who are advanced in years but are in good health may not consider themselves old nor be considered old by their compatriots. In a similar fashion, Chicanos who are ill and/or no longer able to work are likely to describe themselves as old and to be described as old, even though their actual age may be 55 years or less.

What appears to be operating is an interaction between cultural belief and the harsh realities of Chicano life. Chicanos endure many burdens throughout their lives (such as hard, physical labor by the men; and many childbirths by the women), and they are therefore prone to multiple physical disabilities, poor health, and a short life expectancy. Consequently, their perceptions about the early onset of old age reflect a realistic assessment of their difficult situation in life, rather than a cultural predisposition to consider themselves old sooner than other ethnic groups.

2. **Elderly Chicanos tend to be more pessimistic about old age than Anglos or blacks.**

Specifically, they are more likely to consider old age "undesirable," to feel "useless" and "unhappy," and express such feelings as "life is hard." There is no empirically based evidence to explain why Chicano elderly feel this way, but by inference there are two possible explanations.

First, Valle and Mendoza (1978), in a brief consideration of this question, suggest that *fatalism* may be an intrinsic characteristic of Chicano culture. For the Chicano elderly this means they should be resigned to their problems and endure them with only minimal efforts directed at their resolution. If such is the case, then the mental health prognosis is poor, for the implication is that Chicanos are predisposed to have a negative outlook on life in general, to make a poor adjustment to old age in particular, and to respond passively and ineffectually to a wide range of problems.

Such an argument, however, is only conjectural in the absence of good data on the nature and prevalence of fatalism among Chicanos. Moreover, there are logical grounds for seriously questioning the fatalism argument. A major flaw is that fatalism is just one psychological variable and, therefore, insufficient to account for such a complex, multifaceted phenomenon as adjustment to aging. Second, fatalism tends to "blame the victim" while imputing a negative characteristic to Chicano culture. Finally, there is good reason to believe that Chicanos, instead of being fatalistic, approach old age with a number of positive expectations.

In the traditional Mexican value system, the status of "elder" is accorded affection, deference, authority, and dignity. Chicanos, therefore, expect to receive love and respect from their children and grandchildren; they also expect deference for their wisdom, experience, and accomplishments in life (Sotomayor 1973). Added to this is Cuellar's (1978) finding that Chicanos look forward to the leisure afforded by retirement. These factors contradict fatalism and pessimism on the part of Chicano elders. Furthermore, they suggest that, for whatever pessimism Chicano elders manifest, the most reasonable explanation is the frustration they experience from not receiving the good things they anticipated in old age.

The serious problems elderly Chicanos experience in old age help explain the serious disappointment that befalls them. First, they find themselves old, sick, and unable to work much earlier than they had anticipated (probably in their mid-fifties instead of their sixties or seventies). The inability to work would be especially damaging to self-esteem and happiness, given the positive value which Chicano culture places on work (McConnell and Davis 1977). Second, the poor health commonly suffered by elderly Chicanos is painful and distressing in its own right; moreover, it has the detrimental effect of preventing elderly Chicanos from engaging in recreation and other psychologically beneficial social activities. Third, financial problems are a major source of worry for Chicano elderly. Although the problem of skyrocketing inflation is a critical problem for virtually all elderly, it is particularly severe for Chicano elderly because their income and other financial resources are significantly less than those of most other elderly in the United States.

Expanding on this last point, the critical issue is that Chicano elderly may be more vulnerable to serious financial problems than the general elderly population. They are less likely, for example, to receive Social Security, other pension benefits, or any type of dollar income or noncash assistance. Substantial personal savings or investments are assumed to be practically nonexistent, given their low-paying jobs, lack of economic sophistication, and such burdens as supporting a large family. An elderly Chicano, moreover, is unlikely to receive much financial support from adult children and other relatives, since Chicanos as a group are poor. Finally, Chicano elderly appear to be more vulnerable to financial ruin from unforeseeable emergencies than other elderly. Due to greater poverty and poorer health, they have a greater likelihood of acute or chronic illness without comprehensive health insurance. Devastatingly expensive, but imperative, house repairs are likely for many because they live in substandard housing. Finally, they are more susceptible to burglary, robbery, and other violent crimes, since the majority of elderly Chicanos live in crime-ridden inner cities.

These health and financial problems should not be misconstrued as elements of the Chicano *culture*. Instead, they are the basic realities and all-too-prevalent factors of their living situation. The pervasiveness of these problems and their bleak implications for the future make the pessimism of Chicanos about old age understandable. Moreover, since elderly Chicanos have so few tangible resources for overcoming such problems, it is not surprising that researchers might mislabel as "fatalism" the *endurance* which aged Chicanos must necessarily demonstrate in the face of their difficulties to avoid maladjustment.

3. In addition to health and financial problems, the pessimism of Chicano elders may be exacerbated by the devaluation of their cultural bases for self-esteem.

This problem is commonly referred to as a "generation gap," wherein the value and status of elders decline because of modernization. All elderly experience some status devaluation, but the generation gap for Chicano elderly includes both socioeconomic and cultural factors. One special problem is that Chicano grandchildren may speak only limited Spanish, thereby impairing communication with a grandparent born in Mexico. The Spanish-speaking elder may be denied the salubrious effects of simple conversations with grandchildren and, even worse, be unable to share the reminiscences and wisdom which could instill the grandchildren with a sense of the values and customs cherished by the grandparent. Consequently, grandchildren may have limited appreciation for the history, religion, music, and other Mexican cultural elements valued by the elder; moreover, they may not accept the elder's traditional, conservative attitudes about propriety and respect. This "generation gap," compounded by elderly Chicanos' poor health and poverty, minimizes the elder's authority and participation in the family. That Chicano elderly may also fear seeming "old-fashioned" is confirmed by Sotomayor's (1973) study of Chicano grandparents. As a result, the elder may have a reduced sense of self-esteem, feel separated from the grandchildren, and even feel like a burden to the family—all factors which impede a positive adjustment to aging.

4. **Thus far, only very negative aspects of elderly Chicanos' lives have been discussed, and it must not be forgotten that Chicano culture possesses a number of positive and supportive qualities which benefit the elder.**

Preeminent among these is the strength of the Chicano family support system. It is reported consistently that the majority of Chicano elderly live in the same neighborhood as some of their children, engage in most of their social activities with relatives, and derive emotional sustenance from these behaviors. Furthermore, all the available data agree that the family is a *major* source of satisfaction for Chicano aged, almost certainly because of the primacy of the family as a cultural value instilled from birth. Family interaction also provides a sense of purpose to their lives. Mrs. Chavez, for example, emphasized that "feeling needed" by her children and grandchildren was a major source of life satisfaction (Clark and Mendelson 1969). Similarly, other studies document the importance for Chicano elderly of the grandparent role, the giving and receiving of emotional support among relatives, and the role of maintaining family cohesion. It should also be noted again, for emphasis, that within the family the culturally based status of the elder Chicano is actualized—i.e., affection and respect are transmitted from children and grandchildren, and authority and dignity are accorded the elder by all relatives.

In view of these positive factors derived from the family, combined with the generation gap and other problems concerning the family, it must be concluded that for the Chicano aged the family is a double-edged sword. On the one hand, the family is the primary institution in Chicano culture for providing emotional and social support to the elder. Thus, to the extent that the family remains cohesive and maintains adherence to traditional values, the Chicano elder has a better likelihood of adjusting well to old age. On the other hand, if the family support system deteriorates and problems such as the generation gap arise, the Chicano elder is exceptionally vulnerable to depression, pessimism, and loneliness.

5. The importance of religion has generally been minimized in the mental health literature, and this state of affairs also characterizes work on the Chicano elderly.

This is, at least, somewhat surprising since even nonreligious persons acknowledge that spiritual faith is a source of solace in times of stress. And obviously, old age with its inevitable consequences represents a serious cause of stress. In any event, we do know some things about religion among the Chicano elderly. First, it is generally accepted that the vast majority are at least nominal members of the Roman Catholic faith. Second, as Torres-Gil (1976a) points out, most Chicano elderly are very observant and describe their faith as very helpful in times of stress. Arias (n.d.) reports that *mandas* (special vows of devotion to a saint or virgin if a prayer is granted) are characteristic Chicano responses to family crises and severe illnesses, are deeply embedded in Hispanic culture, and reflect Chicanos' profound belief in Catholic doctrine.

Despite the absence of other data on religious belief and spiritual life, it can nevertheless be inferred that religion almost certainly facilitates the adjustment to old age. The elderly are beset by serious problems which are largely beyond their control, so requests for miraculous intervention or for consolation are to be expected. Second, since the moral values characteristic of Chicano elderly are inextricably bound to Catholic doctrine, it may be predicted that Chicano aged rely upon priests and prayers to cope with the generation-gap problems they may experience with grandchildren, e.g., a pregnant but unmarried teenage granddaughter. Finally, since the primary ken of religion is death, it is understandable that elderly Chicanos look for solace in religion either to cope with the death of a loved one or to mitigate their personal fears of mortality. Clearly, religion plays a significant role in elderly Chicanos' adjustment to old age, and it is therefore incumbent upon researchers to examine this phenomenon in depth.

6. The barrio serves as a cultural coping mechanism for Chicano elderly.

This conclusion is supported by all the studies on the subject. Specifically, Chicano elders have very positive perceptions of the barrio. The majority want to live in Latino communities, which are social environments suited to their cultural preferences. Spanish is the predominant language of the barrio, so the elderly have minimal problems with communication or comprehension. Since barrios are deliberately designed to represent small versions of the Mexican homeland, they are comfortable environments for the Chicano aged. In particular, the barrio possesses virtually all of the special requirements or preferences of Chicano elderly, including Mexican markets, restaurants, Catholic churches with services in Spanish, shops, music stores, and theaters. Thus, the value of this cultural milieu for the support and security provided the Chicano aged outweighs its associated problems of substandard housing and crime.

The barrio also provides for the satisfaction of many social needs associated with family life. It is common for many children, grandchildren, and other relatives to live nearby in the barrio, facilitating frequent contact with those of primary importance to the Chicano elder. Since many Chicano elders live for many years in the same place, it it probable that they have many *compadres* (fictive kin) and other friends living nearby. One result of a lengthy residence in the barrio is familiarity with stores and shopkeepers, promoting a sense of stability and community (see Butler and Lewis 1977).

In particular, familiarity with the community has special significance for Chicanos, embodied within the cultural concept of *personalismo.* This refers to the preferred mode of social interaction of Chicanos: relating to others as whole persons rather than as impersonal social objects. Non-Chicanos typically relate to a store clerk, for example, in an impersonal, contractual manner. The clerk is a social object, filling a circumscribed role; and no mutual knowledge or intimacy is necessary to conclude the transaction. In marked contrast, *personalismo* is more intimate. The Chicano shopper knows the clerk, and vice versa, probably based upon many years of acquaintance. Each is familiar with at least some minimal elements of the other's personal and family history, based upon numerous interactions over the years in a variety of social settings. The sale transaction, therefore, is accompanied by an exchange of social pleasantries, local gossip, advice, and perhaps special services, e.g., selling goods on credit without signing the receipt, giving the customer a discount or an extension of credit. This style of interpersonal interaction, commonly associated with small town life in the United States of the 19th century, is a natural consequence of the relatively small size of barrios, the social values embedded within Chicano culture, and the interaction between these two. Moreover, by extrapolating *personalismo* to all social contacts the Chicanos have in the barrio, it becomes clear how barrio life creates a sense of support and belonging which promotes the psychological well-being of Chicano elderly.

Finally, by the very act of creating a culturally and socially supportive environment for the Chicano aged, the barrio serves as a buffer against the non-Chicano, non-Spanish-speaking society beyond the barrio. As previously discussed, this mitigates elderly Chicanos' exposure to and concerns about discrimination, as well as the impersonal nature of mass, industrialized society.

Concluding Statement

The guiding principle of this chapter has been to develop a theory of Chicano culture with special emphasis on the definition of a specific subculture, that of the Chicano elderly. This has been an ambitious undertaking, since the definition of "culture" has eluded the most sophisticated theoreticians from a variety of social science disciplines. Despite the sincerity of our efforts, we nevertheless evaluate them as only preliminary because of the complexity of the task. Our approach involved the identification of demographic factors on the basis of the rationale that these objective data initiate the identification of "culture." Next, we discussed psychological and sociological variables—primarily of an inferential, almost speculative nature—which serve to further the task of identifying the complex and elusive construct of "culture."

These concluding remarks should not be misconstrued as apologetic; their purpose is to label accurately the complexity of the task we have set for ourselves, to identify the progress this analysis has achieved, and to predict the research and theory building yet to be done. First, we call for a combination of the measurement of the substrate variables—the demographic facts, as well as the psychological and sociocultural factors. Second, we urge as strongly as possible that researchers keep in mind that these basic facts represent nothing more than the building blocks of theory. The truly challenging effort is to integrate this information into a comprehensible rationale which explains the Chicano culture and the subculture of Chicano elderly. Third, we recommend with the utmost urgency that theory builders approach their task with full recognition of its intricacy.

There exists a host of variables, which have an impact on the definition of "culture" and particularly "subculture," which are elusive and difficult to measure, and which interact in a manner which modifies identification. A partial list of the most obvious variables includes country of origin, date or age of emigration, years of socialization in Mexico versus the United States, amount of formal education, occupational history (including jobs held and periods of employment and unemployment), urban versus rural origins and residence, language skill (including preference and dominance), marital status, number and sex of offspring plus their proximity of residence, and income levels throughout life and at retirement. More subtle variables are subsumed under the categories of acculturation and assimilation, defined as national identification, values, mores, ethics, religious beliefs and practices, customs, traditions, and other cultural variables which tend to be underdefined in research underlying theory building.

Fourth, there is an entire complex of variables which tend to be ignored or at least minimized because they are usually perceived as only tangentially relevant to the identification of "culture" (e.g., Chicano culture), although they are critical to the definition of some subcultures (e.g., Chicano elderly). Specific reference is to chronological age, self-perceived age, attributed age of significant others, physical health whether determined by self-report or medical examination, geographic and emotional propinquity to relatives, standard of living as based on both perceived and real income, access to necessary resources, and others.

Finally, the point cannot be overemphasized that the terms "Chicano culture" and "Chicano subculture of the elderly" are misnomers to the extent they support the inaccurate assumption that reference is to homogeneous entities. On the contrary, Chicano culture and its elderly subculture component are extremely heterogeneous and include individuals who vary widely on a number of dimensions. The vast heterogeneity of this large population and its numerous subgroups must be acknowledged in any scientific endeavor, or else the validity of the resultant research and/or theory will be lessened. While it is impossible to identify all the dimensions on which Chicanos might vary, a few concrete recommendations will communicate the flavor of this concern.

The quality of research or theory building on Chicanos will be augmented by examining, measuring, or controlling the effect of variables, such as "region of origin and early socialization." Specifically, Chicanos growing up in California differ from those growing up in Texas (both geographic areas of relatively high Chicano density); and California and Texas Chicanos differ from those growing up in areas of lower Chicano density such as Kansas or Missouri. The prospective researcher or theoretician is reminded that "geographic area" is a relatively simple variable to identify as potentially influential and to measure, but that, even so, it has the potential to interact with other significant variables (e.g., in the example provided, geographic area was identified as interacting with population density of Chicanos). Other variables are more subtle and studied less frequently (e.g., the extent to which an individual Chicano fits the Anglo stereotype of the "typical" Mexican) but may be no less important in achieving scientific understanding of Chicano culture. Other examples of obvious and subtle variables to be considered are possible, but it is hoped they should be adequate to communicate and illustrate the complex heterogeneity of Chicano culture.

With respect to the development of adequate research and theory on the Chicano elderly, it is critical to begin with the age-cohort approach. Our evaluation of the available data is that the concept and the research model of age groupings are extremely powerful because they reflect real differences. The cutoff points appear convenient rather than empirically validated; but, despite this cavil, the "young-old," "middle-old," and "old-old" seem culturally different from each other. Good physical health and adequate income almost certainly have a positive influence on adjustment to aging regardless of culture group membership; but among Chicanos good adjustment may be achieved through different sets of variables or through differential operations of similar variables. For example, living with or near culturally similar people may be more important to Chicano elderly, and high population density may be less disturbing. These suggestions may be somewhat speculative but seem adequate to serve as the examples of the kind of thinking which we believe should underlie the study of Chicano elderly.

In conclusion, research and theory on Chicanos and Chicano elderly are necessarily complex and require careful planning because the culture and subculture groups are composed of individuals who vary widely on a number of factors.

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Chapter 3

Natural Networks of Elderly Latinos of Mexican Heritage: Implications for Mental Health

Ramón Valle, Ph.D. and
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Introduction

Study Focus and Direction

The motivating force for this essay has been expressed in the report of the President's Commission on Mental Health (1978):

> Closely related to client needs is the issue of the use of natural support systems in the client's environment. Most persons with mental disorders probably never come to the mental health system at all, but receive the support and assistance they need from natural systems such as families, friends, churches, lodges, clubs, neighborhood groups, and other agents of the community (e.g., family doctors, clergymen, public health nurses, school teachers, family assistance workers, recreation program workers, etc.). Many potential clients prefer to work with these natural support systems rather than to risk the cost of treatment and the potential liabilities of being labeled as "mentally" disabled. Other groups that do not utilize or are not served by the prevailing mental health system are the American Indian Tribal Governments and many Asian–American and Mexican–American communities, among others. Differing linguistically and culturally, they prefer their own natural support systems of mental health.
>
> Special efforts must be made to acquaint professions in both the basic training and in continuing education programs regarding these natural support systems and how the mental health system can assist and improve them in their work with mentally disordered persons (Report to the President, p. 41).

At the same time these "special efforts" are undertaken, it is also necessary to keep in mind that natural network/endogenous support systems are actually quite complex interactional phenomena. The term "natural" might be somewhat misleading if taken only in its surface connotation. This fact is apparent, even from the standpoint of the one minority population selected for study within this paper, namely, elderly Latinos of Mexican heritage, or *USA Mexicanos,* 50 or more years of age, residing throughout the United States.[1]

Fortunately, the emerging literature on natural supports, for example Caplan and Killilea (1976) and the President's Commission Report (1978, particularly Volume II on Community Supports) upholds this view. The gerontological literature on natural networks, for example, Bild and Havighurst (1976), Carp and Kataoka (1976), Erickson and Eckert (1977), and *Crosscultural Study on Minority Aging Monograph Reports* (Valle 1978), is likewise supportive of the need to understand the heterogeneity of endogenous support systems and the need for further research to accompany policy and program action. With this in mind, the authors have proceeded along the lines of two interrelated themes.

- A delineation of the extent and heterogeneity of natural helping networks among the elderly Latinos of Mexican heritage in the United States
- An exploration of the actual and/or potential relationships of natural networks to the mental health needs of Latinos of Mexican heritage, as well as the potential interface of the networks with mental health and related services

Mexicano Natural Networks: Their Extent and Heterogeneity

Natural Network Configurations Among U.S. Mexicano Elderly

The more recent writings on Latinos of Mexican descent in the United States, particularly the elderly, are beginning to document a wide range of endogenous interactional systems and group life (Steglich et al. 1968; Carp 1970; Sotomayor 1971 and 1973; Cuellar 1974; Valle 1974; Hernandez 1974; Reyes Inc. 1977; and Valle and Mendoza 1978; Lewis 1952; and Lomnitz 1977) with regard to *Mexicanos* in Mexico itself. These observers point not just to the persistence but also to the adaptation and diversification of the cohorts' endogenous natural systems over time.

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[1] The label *USA Mexicanos* as selected by the authors for the study group is one both of convenience and a key self-identifier attributable to this Latino cohort. The rationale for its selection along with the age-range designation (the 50 plus), as well as the fact that this particular population is not just confined to the Southwest, is explicated in the appendix at the end of this chapter.

What emerges is a picture of natural helping systems that extend well beyond the family. It is the authors' conclusion that, in fact, three distinct levels of natural networks can be encountered among Mexicano elderly. These include *aggregate* group networks, *linkperson* networks, and *kinship* networks. These three types of networks not only remain active within the current U.S. Mexicano community, but their sociohistorical presence can be traced as primary group processes through both the Indo–Aztec, Olmec–Toltec, and Ibero–Hispanic heritages of this population.

Aggregate Networks. Aggregate natural helping networks can be defined as those large or small group associations which confer both rights of participation to individual members as well as defined obligations to the membership as a whole. These organizations may be formally chartered groups, for example, the *Benito Juarez Societies* of the 1920s and 1930s and the Community Services Organization (CSO) and GI Forum, both founded in the late 1940s. They can also include informal membership groups such as the *Cundina,* a barter society encountered in San Diego (Kurtz 1973) or the Chicano student organizations such as the *MECHA'S* usually present on campuses where Latinos of Mexican heritage are enrolled. They can also include the "ditch societies" of Northern New Mexico whose purpose was the equitable distribution of water in times of drought to individuals residing together in specific locales.

The key distinguishing features of the "aggregate" form of natural networks are (1) some discernible hierarchy; (2) some discernible administrative structure (however informally constituted) along with some central (executive committee type) convener group; (3) a definite awareness of membership status in terms of in-group/outgroup distinctions; (4) an identified group mission or group purpose; (5) an organizational domain within which the organization operates; and (6) an ascribed name or title of identification.

Linkperson Networks. Linkperson natural networks, on the other hand, are comprised of mutually linked individuals who are bound by ties of friendship based on reciprocity and exchange behaviors. The ties are kinlike, without having the ties of a familial relationship. Examples of these networks include the institution of *compadrazgo* (ritual coparenthood) as discussed by Mintz and Wolf (1950), Lopez (1969), and Valle (1974), the system of *consejeras* as identified by Kent (1971), and the *servidor* system as identified by Valle and Mendoza (1978).

The principal characteristics of the linkperson networks include (1) ties based on linkages established between individuals and not between group members; (2) the absence of any formal governing structures based on either written or unwritten constitutions; and (3) the career specialization of linkperson natural helpers along with the specialization of their voluntary helping activity (Mendoza 1980*a*,*b*). The linkperson networks are "exchange" or service-provision oriented, with the exchange taking place within delineable culturally syntonic and subtle ritualistic-normative expectations of mutuality on the part of the involved actors. The linkperson relationships also permit the establishment of a bond between persons who might be natural strangers to each other prior to the service exchange.

Kinship Networks. Kinship networks, in turn, are composed of individuals with family ties extending through several degrees of such a relationship. Kinship networks can include individuals officially and/or unofficially adopted into the nuclear or extended family, the most common type of natural helping network ascribed to U.S. Mexican populations. Their potential helping functions are variously described in the literature. Researchers caution against stereotyping or overconcluding as to the helping role of familial networks (Sotomayor 1971; Montiel 1974; and Maldonado 1975). At the same time, the potential of familial networks to assist in providing supportive assistance to Mexicano elderly individuals is clearly highlighted by each of the researchers.

Within the Latino family and, specifically, Latinos of Mexican heritage, there is usually at least one and sometimes several persons who can be identified as the kin group's designated natural helpers. They are usually middle-age or older family members, but they can also include younger individuals. The kin-group natural helpers are usually informally so designated within the family but can become widely known outside of the family configuration, particularly as they engage in a wide range of helping activities on the part of the family within the neighborhood or broader community.

It should also be noted that the helping activity within the kinship networks is intergenerational rather than age-specific in nature. As a general truism with regard to help-taking and help-giving behaviors, Mexicano elderly especially prize relationships with their kin, whether siblings, adult children, or younger grandchildren—even where these relationships might, in fact, be strained. As Clark and Kiefer (1969) found, even where there is evidence of mounting stress within the Mexicano family structures, intergenerational linkages are still valued and maintained. Later studies tend to support this conclusion. For example, regardless of tension within the family, kin were often the first tier in the Mexicano elder's process of seeking help (Valle and Mendoza 1978). Kin ties were expressed in terms of personal warmth, even though friction was present in the familial relationships of the elder. In fact, this intergenerational helping focus is seen as common to *all* three types of Latino/Mexicano natural networks, even though the characteristic has been most clearly noted in studies related to the family.

Cultural Embeddedness

Within this context, Mexicano natural networks have to be understood as culturally embedded phenomena. From gerontological perspectives, these endogenous systems need to be seen as manifestations of what Solomon (1974) terms the "overarching ethnosystem"; that is to say, group and/or organized modes of communication and social relationships which reside within what Gillin (1961) identifies as the constellation of acquired drives or motivations which are characteristic of a culture. While it is not the intent of this essay to provide an exhaustive discussion of the notion of culture itself, several features of the concept as they apply to endogenous networks need to be delineated.

First, Mexicano natural networks have the characteristics of what Spicer (1971) terms "persistent identity systems." These include three principal characteristics:

1. Common language and symbols in use within particular groups
2. Identifiable patterns of social relations and indigenous organizational structures
3. Shared values and beliefs

Second, Mexicano natural networks can in cultural terms be considered both as the products of past action and as conditioning influences upon future action (Kluckhohn 1962; Herskovitz 1973). They likewise fit what Spicer further delineates as the persistent influence of cumulative history on current behavioral actions.

> The cumulative image that people build of themselves in the meanings of the identity symbols is the source of this motivation (for current behavioral actions). The continuation and fulfillment of the image of themselves as performing in the series of historical events that the symbols emphasize becomes a vital concern. An identity system may emphasize triumphant achievement or bitter suffering. Whatever the specific quality, it defines an historical destiny in which the people believe and which they are motivated to fulfill (Spicer 1971, p. 796).

Third, emergent gerontological theory, namely developmental and continuity theory, makes the concept of cultural embeddedness central to understanding the elderly—in this case Mexicano elderly.

Several gerontologists, such as Back (1976) and Bengtson and Cutler (1976), stress the critical importance of generational imprinting (and by implication cultural imprinting) in understanding the behavior of the elderly. Unfortunately, the existing mental health and human service data bases are deficient in such information. Rather, the reverse is most often apparent. Chicano researchers—reaching back to George Sanchez (1967) and following through with more recent investigators, for example, Romano (1969), Rocco (1971), Chavarria (1971), Alvarez (1971), and Montiel (1975, 1978)—decry the omission of the historical-cultural context from social science analyses of the Chicano in general and his or her older counterpart, the Mexicano elder. The cumulative impact and ongoing dynamic character of cultural continuity is, therefore, a premise of critical importance to understanding the presence and function of endogenous networks among U.S. Latinos of Mexican heritage.

Natural Networks as Primary Group Behaviors

Moreover, Mexicano elderly endogenous systems fit neatly into the theory of primary group behaviors formulated by Cooley (1909) and later expanded upon by a host of theorists, including gerontologists such as Atchley (1972). Popenoe (1971, p. 142) succinctly summarized the principal characteristics of primary group, natural network interactions to include the following elements:

1. The relationship encompasses a variety of roles and interests of each of the participants. It is general and diffuse in character.
2. The interactions involve the total personality of each participant.
3. Communication is free and extensive.
4. The interaction is personal and emotion laden.
5. The relationship is not easily transferable to another person.

Against these characteristics he contrasts secondary group interactions to include the following:

1. Here, the relationship usually includes only a single role exchange between each participant. Relationships are specialized in character.
2. The interaction involves only those aspects of the personalities of the participants that are relevant to the situation.
3. Communication is limited to the specific subject of the relationship.

4. The quality of the interaction is relatively impersonal and unemotional.
5. The relationship is seen as transferable to others; that is, the participants are interchangeable.

For the remainder of the discussion, Mexicano natural networks are seen as embodying primary-group characteristics, while mental health and related caregiving systems are seen as reflecting secondary-group characteristics.

Figure 1 summarizes the notions discussed so far. A brief application here would, perhaps, serve to illustrate the construct. When interfacing with a Mexicano older person, mental health personnel need to be cognizant of the potential variety of embedded values, outlooks, and interactive expectations, including the possible presence of trimodal sets of natural supports (aggregate, linkperson, and/or familial). The model in figure 1 may also hold for many other cultural groups. The authors make no claim that Mexicano elderly are the sole possessors of such endogenous systems. On the contrary, the gerontological literature attests to the variety of networks among majority-group elderly whether one talks of the single-room occupant (Erickson and Eckert 1977) or family systems (Shanas 197[illegible]) or peer-group interaction (Bild and Havighurst 1976). The writers' intent here is to track the specific configurations of networks solely among Mexicano elderly, leaving the delineation of such networks in other cultural contexts to further inquiry.

The Historical Evolution of Natural Helping Networks

From an historical perspective, it becomes apparent that U.S. Mexicano endogenous systems are indeed the result of the evolutionary processes which can be traced through a variety of social institutions dating at least 500 years into the historical past of Latinos of Mexican heritage. In this context, it should be understood that the current formats of aggregate linkperson and familial networks, as identified in this narrative, may have had a somewhat common organizational origin and subsequently evolved to the present trimodal configuration. Moreover, it should be understood that even the trimodal format suggested here may have more clarity in its abstraction than in the everyday empirical world of human interaction when the networks are encountered in situ.

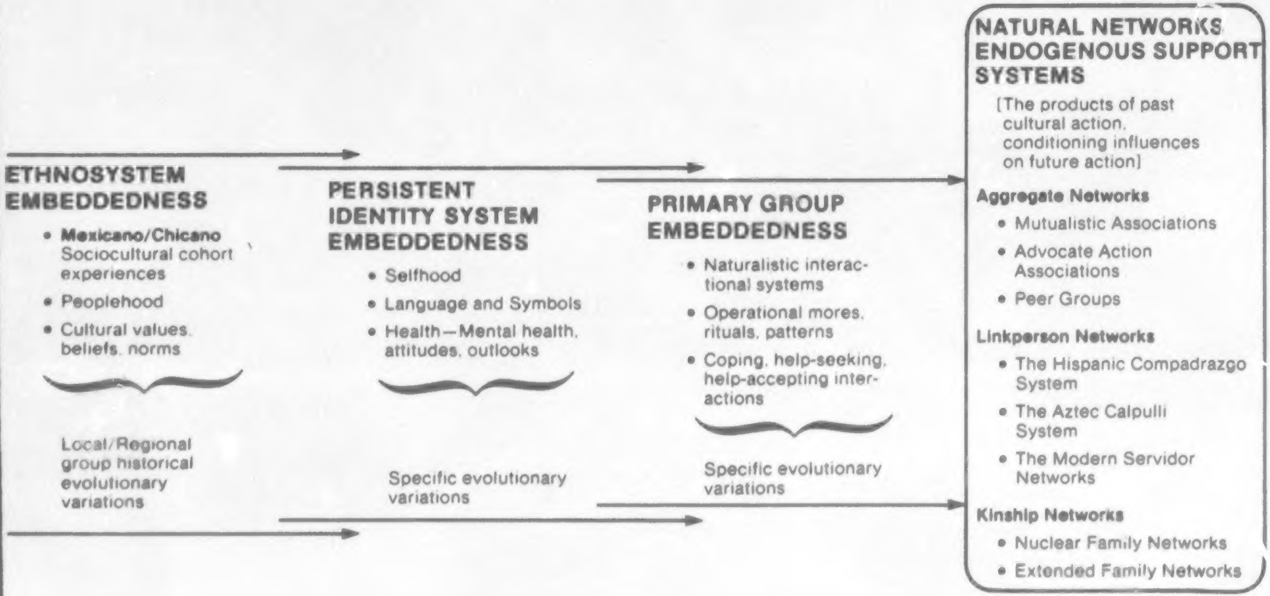
ETHNOSYSTEM EMBEDDEDNESS
• Mexicano/Chicano Sociocultural cohort experiences
• Peoplehood
• Cultural values, beliefs, norms
Local/Regional group historical evolutionary variations
PERSISTENT IDENTITY SYSTEM EMBEDDEDNESS
• Selfhood
• Language and Symbols
• Health—Mental health, attitudes, outlooks
Specific evolutionary variations
PRIMARY GROUP EMBEDDEDNESS
• Naturalistic interactional systems
• Operational mores, rituals, patterns
• Coping, help-seeking, help-accepting interactions
Specific evolutionary variations
NATURAL NETWORKS ENDOGENOUS SUPPORT SYSTEMS
[The products of past cultural action, conditioning influences on future action]
Aggregate Networks
• Mutualistic Associations
• Advocate Action Associations
• Peer Groups
Linkperson Networks
• The Hispanic Compadrazgo System
• The Aztec Calpulli System
• The Modern Servidor Networks
Kinship Networks
• Nuclear Family Networks
• Extended Family Networks

Figure 1. The cultural embeddedness of Mexicano/elder natural networks.

For example, a linkperson endogenous system actor may also function as a member of an aggregate network in some other aspect of his or her day-to-day life. It could also be that a family network member will also function in a linkperson capacity, putting family ties into a more secondary position in the process of attempting to meet needs within his or her local environment.

Perhaps a further understanding is also in order. As noted above, the various networks encountered among Latinos of Mexican heritage are generally intergenerational in scope and membership. It is true that one can find peer groups of Mexicano elderly, especially around community programs which provide services to the elderly, but even here membership reflects a somewhat broad age spectrum (to include young-old individuals (age 50–65) along with old-old (age 75 plus) individuals (Torres-Gil 1976; Valle and Mendoza 1978). In addition, there is growing evidence of younger members being constantly recruited into some of the networks, the kinship network being one obvious example of this same dynamic which can also be extended into the aggregate and linkperson networks (Mendoza 1980*a*,*b*).

Aggregate Networks

Aggregate networks can be found in great variety among Mexicano populations. One such form of aggregate network, well documented in the historically oriented literature, is the *Sociedad Mutualista* (Mutual Aid Society). This type of helping network can take the form of a legally chartered formal organization, such as the Community Services Organization (CSO), which provides members with several types of benefits, for example, burial insurance or small loans and/or political support. The nonchartered barter society, the *cundina* (Kurtz 1973), also belongs to the aggregate type of Mexicano networks.

Many of these aggregate networks can be historically traced to both the Indo (Aztec) and Ibero (Hispanic) institutions. For example, on the Aztec (Indo) side, there is the institution of the *Calpulli*. The Calpulli had the characteristics of a clan but were designed to include nonblood-related individuals residing within a given Calpulli's domain. In 1519, what is now Mexico City was divided into 20 Calpullis. It was at that time estimated to be an urbanized region of some 1 million persons. Moreover, by this time, Aztec society had attained a high level of complexity. A strong military hierarchy, a temple priesthood, and a central administration had been established. The Calpullis, which had the central decisionmaking power at the start of the Aztec empire, had by the 1519 era been assigned what could be called the human-welfare and social-system maintenance functions, including agricultural production-land use within the environs of the capital city (now Mexico City). The welfare-type functions included care of clan families and indigents and the overall distribution of human services to those living within their districts. The Calpullis depended on a whole range of lower-echelon agents to carry out their functions. Sometimes, these agents would be key members of families outside the Calpulli's own bloodline but residing within its specific operating territory (Von Hagen 1958; Soustelle 1961; Carranca y Trujillo 1966).

The formation of today's aggregate networks has also been influenced by benevolent associations organized within the parish structure of the Catholic Church. These church-related associations, active from the early 1800s, continue to this day and can be identified in such modern groupings as the *Guadalupanas,* women's community service organizations. Despite the religious origins of this category of Mexicano aggregate network, much of their activity can be described as secular in nature. In the Mexican ambience, these church-related associations were more often involved in the distribution of social welfare-related goods and services than in missionary-type work.

To a large extent, these earlyday associations, the Calpulli, the church-related benevolent groups, and other 19th century *Sociedades Mutualistas,* functioned on the order of exchange networks and cooperatives. Resource bartering and economic goods sharing took place between members. Resource sharing could also extend outside of the membership to the broader community, but this required some form of consensus from the group membership. The governing concept of the *Sociedades Mutualistas* was twofold. The members had to make regular contributions to the group in terms of work effort or dues (money or barterable goods). In turn, the members could draw on the association's resources in times of need or crises.

Often these associations helped with low-cost funeral arrangements for subscribers and had formalized lending arrangements. Widows and surviving children were frequently the beneficiaries of the assistance. Some spiritual and crisis counseling was often available, even if based primarily on friendship ties rather than through the initiation of a formal counseling service within the association. Information and referrals for outside assistance were also provided within the natural helping processes of the *Sociedad Mutualista.*

More recent examples of natural aggregate helping networks are noted by Manual Gamio (1971) who documents the widespread presence of a benevolent association infrastructure, such as the Benito Juarez Clubs, among U.S. Mexicano populations. These associations were extremely popular in the 1920s and 1930s. These organizations were also found present among U.S. Mexicanos outside of the Southwest itself. Benito Juarez Clubs could be found in Chicago and other locales in the Midwest, such as Michigan and Kansas, even though the population of Latinos of Mexican heritage in these areas was relatively small (Gamio 1971).

Still more current forms of the *Sociedades Mutualistas* emerged after both World Wars I and II. These aggregate groupings included the Mexican American Veterans' Association of the 1920s, the League of United Latin American Citizens (LULAC), the G.I. Forum, and the previously noted Community Services Organization (CSO) in the late 1940s. The latter, in time, also served as a basepoint for the United Farmworkers Association (UFW). These more modern, larger organizations which often cross State boundaries were spearheaded by experienced organizers who maintained a mutual assistance orientation along with the social change-social advocacy action outlook.

In the 1960s and 1970s, other aggregate-type mutualistic associations emerged through the impetus of the Chicano movement and included both citizen associations and professional level groups such as *Trabajadores de la Raza,* a Latino social work professional association. While these latter-day organizations have been primarily policy-action oriented, they have nonetheless maintained a service-delivery capability providing supportive mutual assistance of a counseling nature, not only to their members but also to the broader community, in terms of volunteer service to Mexicano/Chicano and other individuals. In the Latino student organizations, for example, the members band together not only to address educational concerns within the university but also to provide mutual assistance counseling-type support to each other in coping with the culture-shock stresses of the university environment. Supportive help is present as a critical component, if one looks behind the avowed political activism of such groups.

Another category of helping networks which emerged within the U.S. Mexicano/Chicano ambience is the Chicano labor union (e.g., the UFW already previously mentioned). These unions emerged both among more rural agricultural workers and workers in the mining industry. A number could be found active in the early part of this century. Even in the light of their heavy income-security oriented activity, the unions can be found performing social service-related functions, including counseling assistance and information, referral, and health-related benefits.

All of the aggregate type natural helping associations, whether church-related or social action or economic security-oriented, demonstrate a number of distinctive characteristics which parallel the *Sociedades Mutualistas*. First, as stated in their definition, aggregate natural networks, whether formally or informally constituted, represent the conscious grouping of participants around membership rights and obligations oriented to the welfare of the group as a whole. Group members are, therefore, the first target for most of the service-oriented interaction. Second, under certain conditions, many of these same organizations can also be found providing services to the broader community, to include non-Mexicano/Chicano/Latino populations. One such condition is a recognizable community-wide crisis or need. For example, in the early 1970s, in East Los Angeles, a wide range of aggregate type natural networks provided considerable voluntary mental heath-related assistance after the shooting of the newsman Ruben Salazar and the series of community disturbances which followed. Volunteer counseling to individuals and families was extended not only to Chicanos but also to the area's general population. In more current examples, aggregate natural networks also can be found as active sponsors of self-help and/or funded human service undertakings geared to widespread community need, for example, services to the Mexicano/Latino elderly sponsored by The League of United Latin American Citizens (LULAC) in various sections of southwestern United States.

From a mental health perspective, these two service principles would have to be taken into consideration in any attempt to mobilize an aggregate natural network within the interventive plan. What the mental health caregiver needs to know is whether the client or patient is a member of such a group and/or whether aggregate natural networks are active in the client or patient's social environment, as well as the particular human service needs beyond membership concerns they serve.

Linkperson Networks

As defined earlier, the linkperson type of network is one in which ties of friendship and mutuality exist between individuals who are not in any way members of formally or informally constituted groups or associations. It is important that this distinction be understood from the onset. The ties of mutuality are between the linkbroker and the individual in need. In actual fact, a great many linkperson networks can be found to be operating in one geographic locale without any formal ties between brokers beyond that of referring individuals to each other or beyond a more or less ad hoc joining of forces with aggregate-type associations, if a need for such joint action exists. There are no clubs of linkpersons, nor is this form of natural endogenous helping network best suited to a group type of association. Examples of linkperson networks include the *Consejero* networks identified in Colorado (Kent 1971) and the *Servidor* networks identified in San Diego (Valle and Mendoza 1978).

As with the aggregate networks, the linkperson systems can also be traced to antecedent institutions within the Indo–Ibero heritage of Latinos of Mexican origin. These include the functions of the *compadrazgo* system (ritual coparenthood of Hispanic origin) and the functions of the Calpullis (the Aztec clan structure). Elements from both sets of institutions, from both heritages, have blended to form the modern-day Hispanic linkperson type networks (Valle 1974).

Compadrazgo can be considered a "bonding" system between individuals. Within the relationship, individuals rather than groups assume almost kinlike ties and responsibilities to and for each other. Interaction within the Calpullis was often cast in the same mold. Calpulli relationships extended beyond ties to the aggregate group, or to the Calpulli as a whole, to encompass individuals linked in terms of mutual assistance based on reciprocity and exchange behaviors.

In this context the current gatekeeping and help-brokering role of the linkperson networks is seen as maintaining the help-giving and help-accepting values of the Mexican culture over time in changing formats, including urban settings. As indicated, many linkpersons can operate within the same area without their functions being necessarily competitive with each other. Part of the reason for this circumstance is the fact that different linkpersons appear to function at quite distinct levels, such as those outlined in the *servidor* system. Some are community-wide agents; others are more localized and more neighborhood oriented in their scope of operation (Valle and Mendoza 1978). In addition, research points to the fact that there are career specializations among the linkperson natural helpers. Some have a one-to-one *consejeria* (counseling) focus to their activity; others concentrate on community advocacy and community development efforts; still others offer health-related assistance. These latter function as herbalists and healers (Mendoza 1980*a*,*b*). Moreover, Mendoza's observations indicate that, while some few of the linkperson natural helpers combine several related helping capabilities (for example, *consejeria* and health related advocacy), most tend toward career specialization. From the mental health perspective, the career specialization. aspect of the linkperson natural helper is particularly important in that it may well permit the assignment of community-helping, resource persons with specific skills to specifically tailored, mental health promotion and treatment plans.

Kinship Natural Networks

A distinction between the kinship networks on the one hand and the aggregate, as well as linkperson, networks on the other is the reliance on blood ties (or fictive kin ties, such as the conferring of formal or informal adopted status within a specific familial system on an individual). A second distinction is ascription of specific relational roles, rights, and responsibilities based on degrees of kinship (maternal and paternal, filial and sibling types of relationships) within the configurations of a specific family. Briefly, one is born into, or assumed to be somehow ritually born into, the family constellation. This relationship, as well as one's status within the relationship, is the key to how help is exchanged within this mode of natural network.

Modern Mexicano kinship networks are seen as either more nuclear family oriented (i.e., more grandparent-parent, child-grandchild interactive) or large extended family oriented (i.e., interactive in terms of multiple relatives of varying degrees of kinship to include first, second, and even more distant cousins, as well as uncles and aunts by marriage, and distant in-laws).

This form of natural network has traditionally played a pivotal role in help-giving/help-receiving interaction among Latinos. It is this paper's contention that this historical role is still viable even if only as a first tier in helping behaviors and even if the family members are physically absent or even emotionally distant from the individual Mexicano elder. In the Spicer (1971) context, the family (present or not) constitutes a part of the elder's identity system construct. From a mental health perspective, the kinship relationship plays a "value mediating" role somewhere in the elder's help-accepting behavior (Sotomayor 1971, 1973; Torres-Gil 1976, 1978; Solis 1975; Valle and Mendoza 1978; Montiel 1978). From the day-to-day mental health perspective also, the members of the kinship networks are the most likely candidates to be identified as the "significant others" for the Mexicano elder, either as actually present or as more frequently mentioned by the elder. It should be noted that, in contrast to the aggregate and linkperson networks, the familial network may often be part of the mental health-related problem and may need the attendant intervention of the linkperson and/or aggregate network personnel within any proposed treatment plan.

Key Functional Aspects of Mexicano Natural Networks

Collectively, the three variants of natural networks among Mexicano populations can be seen as performing a number of generalizable helping functions compatible with mental health caregiving. These include (1) serving as already in-place and culturally syntonic nurturing supports; (2) serving as bilingual/bicultural communicators in terms of outreach, information, and referral linkages as well as advocates; (3) providing other service delivery capabilities such as ongoing counseling *(consejeria);* and (4) functioning as key planning informants in terms of identifying Mexicano consumer needs (to include mental health needs) and indicating appropriate caregiving strategies. While it must be assumed that some differences in helping formats exist between the three principal types of networks, the discussion of their natural helping functions will stress their generic potential. More research is needed to appropriately identify network-specific caregiving dimensions leading to fine-line explication of operational differences.

In-Place Culturally Syntonic Nurturing Support

The principal thrust of the findings on Mexicano natural networks to date—whether related to USA Mexicanos (Sotomayor 1971, 1973; Kent 1971; Valle 1974; Valle and Mendoza 1978; Montiel 1978; and Torres-Gil 1978) or to Mexicanos in Mexico (Lewis 1952; Lomnitz 1977)—is that these endogenous systems are already in place providing support to persons in need, including the elderly. This aspect of natural networks tends likewise to be verified by the literature on natural networks in general (Killilea 1976; Collins and Pancoast 1976; as well as the Report to the President from the Commission on Mental Health 1978). This finding also appears specifically consistent with the already cited gerontological literature on the natural support systems of the elderly (Bild and Havignurst 1976, Lurie et al. 1976; Carp 1976; and Erickson and Eckert 1977; The Comptroller General 1977). What is important from a mental health perspective is that, by virtue of their in situ availability, the natural networks represent a potentially powerful helping resource for the mental health caregiving systems.

Bilingual/Bicultural Communicators/Links/Advocates

The literature also highlights the linguistic and cultural communicative capabilities of the endogenous networks and their personnel which can serve as a viable asset to be used in the caregiving strategy with Latinos, and specifically with elderly Mexicanos. The literature also indicates that all three types of networks engage in some form of outreach, information, and referral, and advocacy-related activity. For example, the aggregate types of networks were consciously used in New Mexico (Acosta 1975) as a means of outreach to elderly who were isolated and in need of nutrition services. The New Mexico nutrition project staff identified four aggregate associations surrounding the designated nutrition site. These associations, each of which had the goal of serving a locally defined population related to their specific community, were then consciously integrated into the New Mexico nutrition program service delivery approach. The ensuing program resulted in reaching a broader based population of elderly persons, while at the same time insuring "local acceptance" and continued use of services. This same kind of outreach capability is likewise found within the linkperson-type natural networks. Schensul (1974) and Abad et al. (1974) speak of the benefits of using informal communication networks to tie into Latino clientele. Valle and Mendoza (1978) delineate a successful research operation using linkperson networks to gain access to respondents within San Diego County.

The most salient commonality of the bilingual/bicultural communicator capability of all three types of Mexicano natural networks is the established caregiving credibility of the natural helpers, expressed in terms of their long-standing community reputation and knowledge of community resources (Mendoza 1980*a*,*b*).

Other Caregiving Capabilities

The extant literature also points out that Latino as well as majority culture natural networks have proven useful in terms of a variety of other services to elderly within their home environment to include home health care and longer term emotional support counseling (Barg and Hirsh 1974; *Home Health — The Need for a National Policy to Better Provide for the Elderly* 1977; President's Commission on Mental Health Report 1978). With regard specifically to Latinos of Mexican heritage, Phillipus (1971) and Padilla, Carlos, and Keefe (1976) note the high incidence of emotional support services provided by friends (linkperson networks) and relatives (familial networks). Among the 666 respondents surveyed by Padilla et al.

(1976), the two highest ranking resources first used by persons in need of mental health services were relatives (36 percent of the study population) and friends (26 percent of the study group). In contrast, only 4 percent of the respondents indicated a first reliance on either mental health clinics, social agencies, or mental health personnel in private practice. In addition, within the Padilla study, over one-third of the respondents indicated they would refer a person with emotional problems first to either relatives or friends. This was particularly true in instances related to anxiety, depression, and suicide and less apparent when the need centered around alcoholism and drug addiction.

A similar phenomenon was encountered in the San Diego Study (Valle and Mendoza 1978). When the 218 Mexicano elderly study respondents were asked to whom they would turn first when difficulties or crises arose, 70.2 percent indicated family, and 12.8 percent named friends or neighbors. This tendency was particularly noticeable with regard to mental health-related problems which called predominantly for counseling. Respondents invariably named a family member, a friend, or a neighbor as their initial choice (63.8 percent of sample turned to family, friend, or neighbor as compared to 6.4 percent who looked toward a professional agency or group for assistance). Similar trends in mental health-related service by aggregate networks were highlighted earlier in the decade by Tirado (1970) and Hernandez and Mendoza (1974). While these findings are not conclusive in themselves, they do indicate a pattern or trend for mental health caregiving consideration.

Key Planning Informants

The three forms of natural networks and their agents are also seen as a viable means of gaining information about the overall needs, as well as the mental health needs, of the elderly specifically the Mexicano elderly. They are seen as providing for more accurate mental health-related planning information exchanges between the Mexicano/Latino elder client and the formal service systems. If appropriately contacted and used for problem and needs identification of potential clients, and if the proper norms are used to interact with Mexicano consumers, the natural network can provide the mental health professional with the following assistance: (1) mapping out of the network territory; (2) obtaining sanction to enter into this relational territory serviced by the networks; (3) tapping into other networks and community resources; and (4) maintaining a readiness for continued supportive outreach to clients over time (Valle and Mendoza 1978).

A major overall benefit from the natural networks to the health caregiving systems is that the endogenous systems' key actors already have a culturally established relationship of trust and confidence among Latinos within their social environment and can help guide service provision in modes acceptable and adaptable to the needs of the Mexicano elderly.

Natural Networks and the Mental Health of the Mexicano Elderly

Natural Networks and Indicators for Interpersonal Intervention

From the mental health perspective, these networks not only provide direct assistance to their linked members, but they also furnish clues as to appropriate styles or modes of intervention with such populations. From a cultural standpoint, for example, the natural network literature indicates that "need," particularly mental health related intrapersonal need, is neither explicitly nor directly voiced. Rather it tends to be indirectly stated (Valle and Mendoza 1978). This is supported by Lomnitz (1977) with regard to Mexicano populations in Mexico itself. From a cultural standpoint, the network literature also indicates the requirement of the establishment of a climate of mutuality and friendly trust, *confianza y amistad* (Sotomayor 1973; Valle 1974; Moore and Sanchez 1976), because a sense of *dignidad* (dignity and self-worth) and *respeto* (respect between the interacting individuals) must be communicated. These latter two terms are particularly important with regard to Latino elderly and, more specifically, Mexicano elderly. They form a constant refrain within the everyday conversation of these populations (Mendoza 1980*a*,*b*).

More culturally important yet from natural network perspectives, the literature points to an extremely powerful dynamic in help-giving and help-taking interactions among Latinos of Mexican heritage. It is critically important that a *dyadic* relationship be established between the individual in need and the intervener attempting to meet his or her need before the assistance can be said to be accepted (Lomnitz 1977). According to Lomnitz, the Latino dyadic relationship is centered on reciprocity-exchange behaviors which work to reduce the usual dependency-producing hierarchical status between the individual being helped and the helper. This analysis in turn coincides with various Latin American change formulations, such as that proposed by Freire (1973) who emphasizes the importance of reducing the status variance between the individual in need and the intervener.

Chavez (1975) in her study (though not specifically focused on the elderly) provides corroborative explication of what might constitute the elements of culturally appropriate mental health intervention with Latinos of Mexican heritage. She demonstrates that the retention of the person in the therapeutic relationship and the subsequent success of mental health treatment has a great deal to do with the therapist's providing assistance in a manner which clearly meets the mutualistic expectations of the Latino client. Wherever the helping interaction is basically directional, that is to say, wherever the relationship is one of *dirección,* (therapeutically oriented directive advice giving only), the dropout rate of Latinos appears to be high (Chavez 1975). Where there is some mutualistic interaction, and where the therapeutic element of mutualistic *consejeria* exists, the trend is reversed, and the intervention is accepted. Chavez further notes that the term *consejos* needs to be interpreted as the interpersonal involvement and sharing between client and therapist, mediated through a *plática* (an intimate and exchange-oriented discussion) for the purpose of resolution of the problem.[2] She further indicates that what at first may appear to be cultural ineptitude on the part of the (Latino/Mexicano) client in using mental health services may in actual fact be a failure on the part of the therapist and the mental health caregiving system to take into account the Latino client's initial expectations in the crucial early hours of therapy (Chavez 1975, p. 124). This is a position coincident with investigators conversant with Latinos of Mexican heritage who report that a state of *plática* and *confianza* (as described above) must be initiated in order for the research interview to take place.

A closer analysis of the previously described antecedent institutions of *compadrazgo* (ritual coparenthood of European, Ibero–Catholic origin) and the *Calpulli* system (of Aztec origin) clearly supports the mutualistic behavioral expectations of the Latinos and specifically Latinos of Mexican heritage. For example, reciprocal caregiving ties and obligations are replete throughout any discussion of *compadrazgo* (Mintz and Wolf 1950; Nutini et al. 1976). Outside of Mexico itself and among Mexicanos in particular, this same type of dyadic-mutualistic relationship expectation in help-giving and help-taking has also been identified among other Latin American populations and in social strata other than among the poor. For example, in earlier research, Lomnitz (1971) traces reciprocity mechanisms among the urban middle classes of Chile. Nutini et al. (1976) propose that these dyadic relational patterns have both "egocentric" (mental health-related) as well as "true systemic" (social environmental) dimensions so that their reciprocity features extend to multiples of persons linked through mutualistic ties of *confianza,* hence, the relevancy for suggesting the use of natural networks within mental health caregiving strategies for Latinos and specifically for Mexicano elderly.

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[2] The thrust of Chavez' dissertation is the delineation of this theme.

An Alternative Approach: A Joint Venture

What is needed is to have the mental health establishment broaden its primary through tertiary care approaches to Latino and specifically Mexicano elderly populations by including the client's natural networks throughout all phases of the mental health intervention for the purpose of accurately identifying and meeting needs in culturally relevant ways. These networks represent the "significant others" of the Mexicano elder experience. As significant others, the networks can work to facilitate mental health service delivery. These natural networks can also serve as exemplars of the appropriate mode of communication and service delivery interaction between the Mexicano elder in need and the intervener. In sum, the introduction of such an approach would provide the professional with a number of cultural elements complementary to mental health intervention to include:

- The opportunity to tie into the Mexicano elder's historical past as it comes to bear on current problems and concerns
- The ability to appropriately identify and include culturally embedded values pertinent to the Mexicano elderly consumer of the services
- The opportunity to mobilize various types of in-place supportive services to augment mental health-related interventions
- The overall capability for ongoing analysis of the individual Mexicano elder's behavior vis-a-vis his or her appropriate psychosocial context

This is not to propose that natural networks supplant formal caregivers in the mental health arena. On the contrary, the underlying premise throughout the discussion is that these endogenous systems operate parallel to and are supportive of existing services.

The analysis of the natural network helping relationship, therefore, suggests a feasible joint approach such as that outlined in figure 2, A Reciprocity Model for Mental Health Services to Mexicano Elderly. Within the proposed model, the Mexicano elder's ethnosystem and natural network interactive expectations are incorporated as a normal part of the therapeutic situation, along with the elder's significant others. The central hypothesis emerging from this approach is that, in addition to the necessary element of bilingual/bicultural mental health interactions for Latinos/Mexicanos, a reciprocal-dyadic relationship *must* be established for the service exchange to have sufficient potency to meet the Mexicano elder's needs.

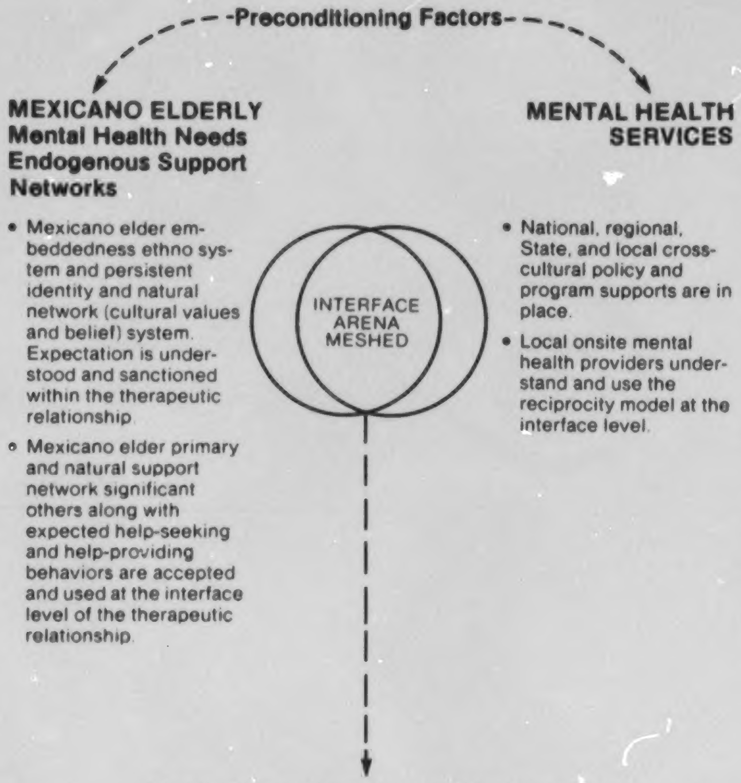
What is proposed herein then is that natural network intervention and formal mental health (as well as related human service) intervention be seen as a joint venture. The most effective model may be neither the formal caregiving system nor the natural network operating independently, but rather both working consciously together using the inherent technological capabilities of each. This approach is seen as particularly necessary for Mexicano elderly residing within the United States who face a variety of stresses both psychological and environmental, including the effects of discrimination but who seek coping assistance of a type which will allow them to remain in a culturally independent, noninstitutionalized status. What is suggested, then, is the augmentation of the professional capabilities through the incorporation of natural helping networks into mental health caregiving strategies.

Barriers, Problem Areas, Unresolved Concerns

Despite the potential of natural networks for bringing Mexicano elders together with mental health caregiving resources, a number of unresolved concerns — real and potential — remain as barriers to easy implementation of natural network technology.

Cross-cultural Mental Health and the Dominant Paradigm

There is no question that the 1978 Report to the President from the President's Commission on Mental Health has taken the lead within the total caregiving industry in advocating the use of community support systems at all levels of mental health services, especially with regard to ethnic minority populations. The extant mental health



MEXICANO ELDERLY
Mental Health Needs
Endogenous Support Networks

- Mexicano elder embeddedness ethno system and persistent identity and natural network (cultural values and belief) system. Expectation is understood and sanctioned within the therapeutic relationship.
- Mexicano elder primary and natural support network significant others along with expected help-seeking and help-providing behaviors are accepted and used at the interface level of the therapeutic relationship.

MENTAL HEALTH SERVICES

- National, regional, State, and local cross-cultural policy and program supports are in place.
- Local onsite mental health providers understand and use the reciprocity model at the interface level.

RECIPROCITY MODEL (HYPOTHESIS)

Necessary Elements	• Include bilingual/bicultural communicational interventive capabilities within the professional mental health provider system
Elements of Sufficiency	• Include establishment of the mutualistic dyadic (and for multiple dyadic) relationships between mental health professionals and the Mexicano elder consumer of mental health services. Key indices include maintenance of *respeto*, establishment of *confianza*, maintenance of *dignidad*.
Outcomes	• Mental health intervention succeeds, Mexicano elder mental health needs are met.

Figure 2. Reciprocity model for mental health services to elderly Latinos of Mexican heritage.

paradigm, however broadly defined, remains as an obstacle to natural network use.

Cross-cultural resiliency is not one of the features of United States mental health systems. Interestingly enough, there is a strand of cross-cultural research and clinical practice as well as theoretical development which parallels the modern community mental health movement (Kardiner et al. 1945; Seward and Mamoor 1956; Leighton 1961, 1965; Clark and Anderson 1967; von Bertalanffy 1971; Fuller 1972.) This stream can be traced through the pre-World War II work of a number of individuals such as Kardiner and his associates, then to Judd and Mamoor in the 1950s, Leighton and Murphy in the 1960s, along with Clark and Anderson specifically with regard to the mental health of the elderly, and to von Bertalanffy and Fuller in the 1970s, to name but several key figures. To this could be added the alternative community mental health service movement of the late 1960s and early 1970s which includes the whole gamut of the free clinics, the peer counseling services, the hotlines, and the extensive use of mental health aides in service delivery.

This body of mental health knowledge which is replete with strategies for incorporating natural support systems into mental health services—with potential for application to Latino and, specifically, Mexicano elderly populations—remains at the periphery of the mental health paradigm. Montiel (1978), speaking directly to Chicano/Mexicano/Latino concerns, has capped the issue:

> At first glance, it would appear that Chicanos would be eager to receive the multiple of services advertised by the mental health establishment. After all, many of the high stress indicators are associated with the problems of adjustment in society. *This, however, is not the case.*
>
> The unequal access to mental health services is only part of the problem. If, all of a sudden, Chicanos flooded existing mental health facilities, the inadequate and faulty knowledge about them would result in services that would be inconsistent with their needs and wishes. *It is the control of the diagnostic and treatment paradigms more than the under-utilization of mental health services that alarms many Chicanos.* Directly and indirectly, the challenge to the social sciences and the Chicano lies here.

Lack of Latino Mental Health Definitions and Indices

A related difficulty having an impact on the introduction of natural network strategies into mental health caregiving is the lack of clarity in the literature on the indices of mental illness and the definition of mental health with regard to Latino populations. Ruiz and Olmedo (1977), in their review of over 2,000 bibliographical references on mental health and Hispanics, indicate that only 15 references dealt with the mental health problems of the Mexicano elderly, and these in no way clarified the indices question. Moreover within the 15 references, such great variance in perspective is encountered that issues tend to become blurred rather than clarified. We are therefore left somewhat in the dark as to where to aim the natural network strategy or just where to intervene for maximum results.

A few field studies, such as by Trevino and Bruhn (1977), do address the indices issues directly and point to identifiable incidence rates of mental illness among Latinos. Unfortunately, the study is too localized in nature to be applicable in Hispanics in general, let alone Mexicano elderly (the inquiry focuses only on Crystal, Tex.). The Trevino-Bruhn approach, though, does offer some modeling potential for use elsewhere with Latinos. More promising yet would be some form of the Warheit et al. (1979) epidemiological research strategy which could furnish baseline data on the mental health rates of Latino elderly if adapted to the Hispanic context. Such future-oriented speculation, though, does not solve the immediate difficulties in getting a handle on trends and directions in the mental health and illness of the aggregate of Mexicano elderly dispersed in widely different regional concentrations throughout the United States.

Greater difficulties yet emerge around the lack of consensus on definitions of psychopathological states among Latino populations. This circumstance serves to cloud the role of Latino natural networks as the topic appears to become enmeshed in a false dichotomy between folk and modern mental health approaches. One group of observers appears to opt primarily for folk designations of mental illness among some or most cohorts of Latinos, for example, Kiev (1968), Meyer (1977), and Dominguez-Ybarra and Garrison (1977). Folk designations of mental illness here allude to such terms as *el mal de ojo* (the evil eye) and *susto* (fright or shock) as acceptable descriptors of states of mental illness, with the use of folk healers as a central acceptable feature of the mental health interventive process. Others such as Karno and Edgerton (1969), Padilla (1976), Miranda (1976), Acosta (1976), and Montiel (1978) give some credence to cultural variables but appear to discount folk approaches, particularly in urbanized settings. These observers indicate that mental health and mental illness definitions need to center more on environmental and systemic stresses and on intrapersonal responses to these stresses.

To these definitional problems must be added the fact that extant mental health systems have been consistently described as monocultural (Anglo-society oriented), (Fuller 1972) and as elitist and exclusionary with regard to culturally different populations (Alvarez

1976; Montiel 1978). As a consequence of this turmoil, the culturally syntonic modes of intervention suggested by natural networks may fall on deaf ears. Moreover, in practice, mental health services as currently offered may well be having a negative impact on the Mexicano elder's sense of *orgullo* (pride and self-worth) and instead bring about negative feelings of *vergüenza* (shame) and a reluctance to engage in the formal help-taking process—the converse of the dyadic-reciprocal helping approach posited here as essential in meeting the Mexicano elder's mental health needs.

Cost Factors Related to Natural Networks

What must also be recognized is that, despite the cultural efficiencies to be observed, there may well be straight-out dollar costs to be accrued by mental health systems in the use of natural networks. These costs may be reflected in the need for intensified outreach on the part of the mental health caregivers, in the need for more training, and in the extended use of natural helpers as community consultants. No claim is made that these additional costs can altogether be avoided by the mental health industry. They should, therefore, not be ignored by the proponents of natural network technology, particularly in the light of the cost-containment and cost-effectiveness atmosphere which permeates the human services. Unfortunately, the cost-impact features of natural network interaction are underresearched. This lack of vitally needed information is seen as still another hurdle toward implementing the proposed reciprocity model for Latino/Mexicano elderly. One recent research effort attempting to measure cost factors in community support-system care for elderly at various levels of physical and psychosocial impairment does appear to have bearing on the issues at hand.[3] The major conclusions of the study with reference to natural networks can be summarized as follows:

- First, as can be readily understood, the care-giving needs of the elderly, which increase with the levels of impairment, extend not just to formal services but invariably extend to increased network/community support systems.
- As the elder's impairment increases, the natural network/community support systems, rather than the formal

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[3] Comptroller General. *Home Health—The Need for a National Policy to Better Provide for the Elderly.* Washington, D.C., General Accounting Office, 1977.

caregivers, begin to absorb the greater percentage of the cost of care. Within the study, this percentage rise was tracked as rising from 57 percent of the cost of care for the slightly or moderately impaired elder to over 70 percent for the "greatly" or extremely impaired elder still residing at home.

- From an overview perspective, the total "unit cost" for services in the home setting emerges as *less* than the same type of service provided in an institutional environment up to a "break even point" in the case of "greatly" or severely impaired elderly. In this instance, the unit cost appears the same, although at this stage the natural network/community support system is absorbing the greater burden of the cost for care (70 percent).

However preliminary in its conclusions, the Comptroller General's report does hint at possible differential strategies and roles for formal and natural network caregivers at different levels of impairment of elderly individuals. It could be that mental health caregiving could lean much more on natural supports in the earlier stages of impaired functioning of the elder, looking to reallocating formal system input to later stages while at the same time relying on increased home-care supports by the natural networks.

Unfortunately, though, the Comptroller's report lacks mental health specificity. Moreover, the inquiry conducted in Cleveland is based on populations other than Latino (the study group was predominantly Anglo with some black subjects). The findings, though, are suggestive of cost-assessment strategies applicable through similar research among Latino/Mexicano elderly populations. What particularly needs to be studied are the possible cost efficiencies to accrue from complementary interaction between endogenous networks and the formal mental health caregiving systems along the total continuum of care. In the absence of such research, though, the unanswered cost factor questions remain a barrier to the speedy application of natural network strategies using Latino aggregate, linkperson, and familial networks.

Acknowledging Natural Networks' Limitations

In examining the potential role of the various natural networks in the provision of mental health services to Mexicano elderly, a number of potential operational limitations also need to be recognized. Mental health professionals need to keep in mind that natural network trust and confidence is of a "primary group" nature and is not automatically transferred to the mental health caregiving system.

Caution must be taken to insure that the professional reaching out to Mexicano elderly behaves in a culturally syntonic and sincere manner, if the natural networks and their helpers are expected to continue their joint venture (in either the planning or direct service arenas) with the mental health system. Moreover, it is critically important that the mental health system maintain its commitment over time. Shortrun strategies may emerge as inefficient. the productivity of natural network/mental health caregiving system interaction may rest in the longrun, meshed use of personnel from both systems. From the Latino, and specifically the Mexicano standpoint, the timing of the outreach effort and the continued presence of the outreach personnel in the community are essential to the strategy of *confianza* building (trust and mutuality building) essential to the reciprocity service approach. The fact that the meshing between the natural network and the formal caregiving systems takes time may leave the mental health establishment vulnerable to criticism of not meeting need in given locales, as everything is still being put into place. Despite this potential limitation and/or seeming noneffective use of personnel—particularly where no immediate results appear forthcoming—once the *confianza* linkage is in place, mental health and related services can be made accessible to a presently excluded, but nonetheless needy, population.

As briefly indicated earlier, each of the types of natural networks may well have its own built-in parameters or limitations. For example, it must be recognized that the kinship natural networks may at times be more a part of the Mexicano elder client's mental health problem rather than the immediate solution. In such situations, one of the other endogenous networks, possibly the linkperson or the aggregate-type natural helping system, might need to be introduced where the familial system may not be able to help the elder. Some examples may help to clarify the point. There is strong evidence of the desire for an active familial role on the part of the elder (Sotomayor 1973). There is likewise indication of a desire for continued interaction with family members (Valle and Mendoza 1978). In the more urban and metropolitan settings, however, this could be turned into a situation where the elder family member is exploited and not allowed to develop a more independent, self-actualized life. In rural settings, the elder's kin might not be proximate. Rather, they may reside quite a distance away from the elder and not be available to meet ongoing, day-to-day needs, regardless of the strength of the family bond.

A further limitation of the endogenous networks is that they function in a "supportive provision" role (to include the area of mental health services). It is true that the Comptroller's Report (1977) concludes that the natural network provides a greater percentage of care, particularly to the impaired elder, than the formal system. At the same time, many of the need situations far exceed the actual caregiving resources of the endogenous networks, either in terms of meeting basic needs such as lifelong income maintenance and long-term shelter or with regard to the crisis of failing health where such debilitation usually requires a battery of complex, technical, medical-custodial resources in addition to endogenous system assistance.

What needs to be understood is that at the level of everyday activity, endogenous networks' personnel recognize their limitations. For example, a prime behavior of the natural helpers is their continuous attempt to refer their linked members to existing formal services, particularly in those situations where the needs obviously exceed the caregiving capabilities of the endogenous network and require a multi-service approach on behalf of the elder. The whole issue of the strengths and limitations of natural endogenous systems, therefore, needs research amplification. Natural networks are not the panacea for any one type of human need, let alone all the multiple needs of Mexicano elderly.

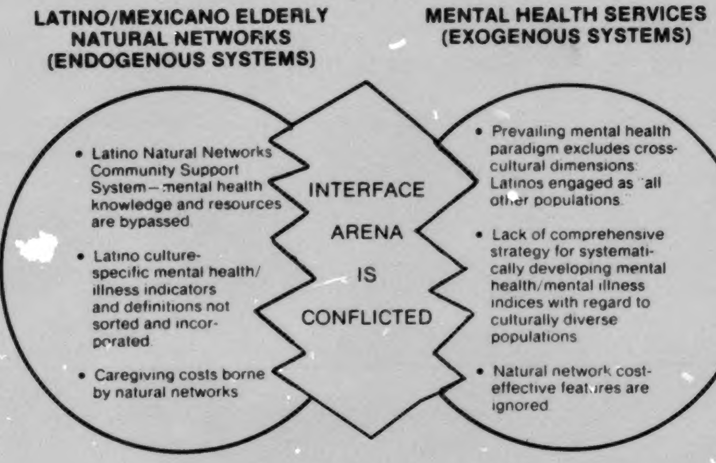
Finally, the very term "natural networks" may in itself be a misnomer. These networks in actual fact represent complex social inventions which have systematically adapted and evolved over time within the changing ambiences of both Mexico and the United States. The label may therefore be one related to a state-of-the-art convention which will attain further specificity in nomenclature with the passage of time.

As a consequence of the various barriers and unresolved issues and questions, the caregiving/help-taking situation between Latino/Mexicano elderly and mental health services is conflicted. The principal features of the interactional tensions are summarized in figure 3. Current circumstances do not yet reflect the reciprocity approach suggested earlier and summarized in figure 2.

Summary and Implications: Areas for Further Research

Overview

The active presence of natural networks along with attendant behavioral norms has been posited herein as a critically important



- Latino Natural Networks Community Support System—mental health knowledge and resources are bypassed
- Latino culture-specific mental health/illness indicators and definitions not sorted and incorporated
- Caregiving costs borne by natural networks

- Prevailing mental health paradigm excludes cross-cultural dimensions: Latinos engaged as "all other populations."
- Lack of comprehensive strategy for systematically developing mental health/mental illness indices with regard to culturally diverse populations
- Natural network cost-effective features are ignored

Figure 3. Current status mental health services and Latino/Mexicano elderly natural networks.

cultural element at work specifically among Mexicano elderly in their approach to meeting their mental health (and by inference other human service-related) needs. These networks have been presented as quite diverse in function and structure. Moreover, in their current formats, they represent dynamic adaptions over time of antecedent institutions. The heterogeneity of those natural networks can be subsumed under a trimodal configuration to include: (1) aggregate group networks, such as the *sociedades mutualistas,* (2) linkperson networks, such as the *servidor* system, identified in San Diego and having counterparts in Colorado and Texas, and (3) kinship networks, composed of both nuclear and extended-family members. These networks are culturally embedded in Mexicano elderly's ethnosystems, the roots of which can be traced through their collective Aztec–Hispanic *(Mestizo)* heritage.

Analysis of the available literature provides several key natural network properties of particular significance for mental health systems. These can be enumerated as follows:

1. The natural networks are operating parallel to, and are supportive of, the existing human services. Their agents, termed herein as natural helpers, see their making the existing caregiving resources accessible to their linked members as a central part of their help giving.
2. The natural networks are actually in varying degrees of contact with many mental health (and related human-ser-

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vice) programs at the line staff level. This contact is being actively maintained even if it is one way only. This is to say that the contact is maintained by the natural helpers, even if it might be unknown to, or go unrecognized by, the higher administrative levels of the formal caregiving organizations.

3. The natural networks extend ongoing contact to their linked members with the intent of assisting them to maintain their residence in the community with dignity and independence. (This latter is particularly important to Latinos, as well as to elders in general, who prize their independence and who wish to stay in their home communities as long as possible.)
4. In addition to the trimodal configuration, these networks have many varying formats often tailored to but not exclusively confined to specific geographic locales and their populations, these variations showing in terms of (1) the local language or idiom used in the communication; (2) the local service foci of the networks; and (3) in terms of the configurations of actors in the various networks.

The immediate implications of available knowledge are clear. Mental health organizations need not just wait for research to move ahead with their own local explorations. The sanction is present. The mental health establishment has a culturally acceptable approach at its fingertips for extending itself to elderly Latinos of Mexican heritage. At the same time, natural networks cannot be just simply overlaid on Latino/Mexicano populations. To make them operable, the mental health system must reach to reciprocity-exchange behavioral norms residing at the core of these endogenous systems. In this context, the authors have presented the Reciprocity Model (figure 2) for mental health interaction with Latinos of Mexican heritage and specifically the elderly. It is not enough that the intervener be bilingual and bicultural. In addition, the usual vertical distance between patient and intervener, client and therapist, must be reduced at the onset of interaction or else the therapeutic relationship will not occur. In natural network terms, linguistic and cultural affinity must be accompanied by interactional reciprocity as evidenced in dyadic (or multiple-dyadic) relationships. The development of reciprocity and *confianza* in the dyadic, co-equal mode is the nexus of the potential interface between the formal agency and the Mexicano elder in need. The writers would posit that treatment of the elder on an individual basis without reference to natural network linkages and modes will be diminished in effectiveness and emerge as inadequate. In fact, even if the services, as presently designed, were to be made available on a large scale, they would remain largely inaccessible to this population.

Additional Areas Requiring Study

The need to arrive at culturally syntonic definitions of mental health and psychopathological states among Mexicano elderly has already been delineated, as has the need to arrive at generalizable indices of mental health and mental illness. Admittedly at this moment, without this knowledge, it is difficult to know the natural equivalents of mental and psychosocial impairment among Latino/Mexicano elderly as a total cohort as well as where to link in a reciprocal manner to natural networks. Cost factors vis-a-vis cost efficiences to be accrued in the mutual interaction between the mental health systems and natural networks remain as a major area of further research. In addition, the writers' close this state-of-the-art review aware that a number of questions related to the extent and functioning of Latino/Mexicano natural networks remain.

A trimodal configuration of natural networks has been identified as endogenously active among Latinos, particularly Mexicano elderly. There is now the need to document the presence and extent of these systems in empirically generalizable terms. The interplay of a variety of factors also needs to be examined in detail. These include the fact that not all Latino/Mexicano networks, particularly of the aggregate form, are specifically constructed for human service, let alone mental health caregiving functions. Those segments or aspects, though, which do pertain have to be identified and examined in more detail appropriate to mental health roles vis-a-vis the elderly.

With regard to their origins, the endogenous networks have had both urban and rural influences. It is evident that some of the more noted national organizations such as LULAC, GI Forum, the Chicano student and Chicano professional groups seem to be more urban in their configuration. This is not so across the board with all aggregate networks. For example, the farm labor groups have had a rural base. The linkperson *servidor* type networks are both rural and urban. The same holds for the kinship natural networks.

It should be noted that the total U.S. cohort of Mexican heritage, though, has had an interesting urban—combined with a lingering rural—history. As of 1970, 85 percent of the population were cited as urban. At the same time, a significant portion remains rural (15 percent; 18 percent, if one focuses on persons 60 years or more). In one sense, U.S. Latinos of Mexican heritage can be considered as having moved into an urban residential mode from 1930 onward, when 57 percent of the population were documented as urban. This trend can be seen as actually dating back to the turn of the century when urban migration among the Mexicano/Chicano began to be noted (J. Alvarez 1966). As still another concomitant of urban metropolitan patterns, researchers such as Schmidt (1970) propose that the Mexicano/Chicano (as well as the majority Anglo population) in the Southwest has resided in an "oasis-type" desert environment. This has resulted in the requirement that southwestern rural residential patterns take the form of more interaction between population groups residing in clusters where water is more readily available and commercial interaction can be expedited, as contrasted to residing in more completely isolated rural settings. The point made here is that urban-rural distinctions at times become blurred with regard to the Mexicano/Chicano cohort. The potential interplay of forces from both sectors needs to be examined as to their active role in shaping the natural networks now current within the U.S. Latino/Mexicano ambience.

In Mexico itself, the interaction and adaptation of natural helping systems from rural to urban settings have been noted in the research of Lewis (1952) and Lomnitz (1977). The linkperson systems in particular are seen as surviving transplantation to urban environments and adapting their functions from more complete responsibility for total service provision to a supportive and service linkage role (Valle 1974).

Another item requiring attention is the cross-class dimension of Mexicano natural networks. It is true that some forms of endogenous supports have developed around a specific class of member or socioeconomic level concerns. Examples include the farmworkers' union movement of the 1920s and 1930s and the more modern era United Farm Workers of the 1960s and 1970s, along with the GI Forum which aimed at organizing the upwardly mobile returning veteran. The total picture with regard to Latino/Mexicano endogenous systems, however, points in the other direction. Network ties tend to cut across socioeconomic levels and social-class lines. For example, familial networks extend across social-class differentials, particularly in the case where younger family members gain access to middle incomes. The linkperson networks almost by design were structured to cut across solid class structures and provide for social mobility. *Compadrazgo* serves as a classical example (Mintz and Wolf 1950). One of the functions of ritual co-parenthood was to insure social mobility. In numerous instances, lower socioeconomic status villagers would seek the major or high-ranking individual and a *padrino* or *madrina* (godfather or godmother) with the hope, not always successful, of escaping poverty and/or gaining social status.

The Aztec Calpulli system likewise provided for cross-class relationships. For example, unattended strangers and low-status individuals could be adopted and given improved social position roles within the Calpulli.

This is not to negate some implied class-related features regarding natural networks. Within much of the literature reviewed, it could be posited that a large portion of the helping activity—including mental help services—is described as primarily aimed at the lower socioeconomic strata of Latinos of Mexican heritage, focusing on what Ruiz and Olmedo (1977) term the "extrapsychic" dimensions of mental health service provision. At the same time, from broader mental health perspectives, it is critically important that Mexicano natural networks not be relegated solely to poverty-related, help-giving functions. They extend beyond such confines. From a Mexicano perspective, natural networks must also be seen as providing support for the higher levels of the Maslow (1970) hierarchy of the human-need tree. They operate at the level of emotional companionship, moving well beyond providing only food and shelter. The issue at point is that natural psychosocial mental health-related help-giving resources are present within all strata of the Latinos of Mexican heritage and their elderly and at all levels of the human need continuum. As indicated above, this is now an area for further study and verification.

One additional element also requires further research. Natural networks, described herein, have been presented as embodying locally unique features. The writers' analysis is that even nationally based Latino/Chicano/Mexicano aggregate organizations have had to accommodate themselves to local mores and local leadership styles. Our speculation here is that "local-rootedness" is a prime value among Mexicano/Chicanos and that this must be accommodated by outside systems seeking linkage into specific Latino/Mexicano/Chicano environments. We further speculate that the outsiders acquiring such local acceptance based on local relational norms and mores will have met a major criterion for accessing Mexicano endogenous networks. Moreover, the moment of acceptance can be said to have occurred when the outsider comes to be viewed as *simpatico* (compatible and trustworthy) and told so in a variety of ways, for example, through such phrases as *que está en su casa* (You are in your own home here). Moreover, we speculate that "local ties" will be defined in a variety of geographical formats to include a "walkable" area of a few blocks through to larger geographical designations as "the Eastside" or "South Texas" or "Northern New Mexico." As with the preceding questions, this conclusion, along with all the others presented herein, now requires empirical verification.

Research, Policy and Mental Health Data Base Recommendations

Endogenous natural networks embody many culturally syntonic help-seeking and help-giving attitudes, value expectations, and interactive behaviors. As Kluckhohn (1962) has indicated, these natural endogenous systems may be considered the products of past cultural-historical processes and action, as well as conditioning influences upon future action. These networks, then, can be expected to continue to play a significant role in the lives and mental health of Latinos of Mexican heritage during the coming decade through the turn of the century, particularly with that cohort currently age 50 plus. Mental health researchers and clinicians would do well, then, to explore these endogenous resources from a variety of standpoints to include gaining active relevant contact with these systems.

Data-Base Recommendations

From the state-of-the-art review, it is evident that there is no recognizable data base on the mental health status of Mexicano elderly and the interaction of natural networks in the context of mental health care groups. We would therefore recommend the following developmental steps:

1. The design and implementation of a cross-cultural biostatistical information base on the various mental illnesses and mental health statuses of Latinos, with specific attention paid to Mexicano elderly
2. The concurrent development of a mental health data base which will document and report the presence and extent and function of natural endogenous networks among Latinos and their elderly

It should be noted that, in developing such a data base among Latinos, researchers need to be cognizant that these populations and their endogenous networks will exceed the confines of catchment and other statistical area designations, particularly in terms of the overall dispersed/concentrated residential patterns of Latino/Mexicano cohort throughout the Nation. Moreover, the dynamic nature of the "interactional" quality of natural networks cannot be confined to the romanticized (barrio-type only) patterns. As postulated, network ties have a local flavor, but they exceed physical geography.

Research Recommendations

Many research questions have been raised throughout the preceding narrative with regard to Mexicano natural networks. Some emerge, though, as more urgent than others. We would therefore recommend priority for research into the following areas:

1. Research efforts focused on delineating three distinct levels of endogenous systems (aggregate, linkperson, and kinship) which have been identified among Latinos of Mexican heritage. There is a need to validate whether or not the distinctions can be found as actually functioning among Mexicano elderly populations. In addition, the series of caregiving functions identified herein need explication as to their appropriateness and/or specificity to each of the three types of endogenous systems. For example, the kinship and aggregate networks tend to require membership status for one to be able to participate in their help-giving behaviors. These possible variations, as well as the overall operational features of Latino natural networks, need to be verified.
2. Research efforts to test the hypothesized "reciprocity model" (figure 2). The model, as delineated, posits that bilingual and bicultural communicational and interventive capabilities constitute the necessary but not sufficient elements for mental health services to this population. For the service exchange to occur (vis-a-vis the Mexicano elder) a mutualistic/dyadic relationship between the helpers, particularly the mental health professional and the elderly consumer, must be established. This research is seen as pivotal to both understanding the help-accepting and help-giving processes active within the Mexicano elderly group, as well as the clinical outerface dimension between this population and mental health systems.
3. Research to elucidate the potential cost-effectiveness and cost-containment features of the natural networks, in terms of cost impact at varying stages (or levels) of mental illness and cost impact (both human and dollar) accruing from the

nonuse of natural endogenous systems in the mental health care-giving interventions with regard to Mexicano elderly.

Policy Recommendations

Even with the current limited information on Latino/Mexicano natural networks, the writers would recommend the following policy-action steps:

1. The initiation of a systemwide discussion of the President's Commission Report, as related to searching out and incorporating all programmatic avenues for incorporating natural community-support technology and capability into ongoing mental health services. This discussion should be simultaneously initiated at the national, State, county, and local catchment service area.
2. The concurrent provision of mental health policy and budgetary sanction for the inclusion of natural helping networks into the actual treatment plans for Mexicano elders, wherever such networks are identified (as per the preceding recommendation). While the above-noted research efforts must be undertaken, there is a even greater urgency to take action to meet the mental health (and related needs) of the Mexicano elderly who are finding mental health caregiving systems alien and inaccessible to them.
3. The incorporation of additional bilingual/bicultural staff into the mental health caregiving systems now interfacing (or potentially interfacing) with Mexicano elders. This is a necessary step to pave the way for application of the reciprocity model of mental health services to these elderly. In the expected event that not enough bilingual/bicultural mental health personnel will be found, we would also recommend increasing allocations for the training of general mental health personnel in bilingual/bicultural reciprocity model strategies.

Appendix

The Use of the Designation "Mexicano Elderly"

The term *"Mexicano"* elderly has been selected to represent the population under discussion in that it more clearly reflects the clusters of self-identifiers normally encountered by the researcher or practitioner when interfacing with elderly Latinos of Mexican heritage.

On the surface, the investigator might find a host of seemingly varied self-identifiers. For example, in northern New Mexico, the researcher may encounter elderly who self-identify as "Hispano." In other sectors of the Southwest, elderly of similar heritage use the term Mexican-American. In selected other locales—though much less in evidence—some of the same elderly self-identify as "Chicanos." (It should be noted, though, that, in the authors' experience, this appears to be primarily a designation used by the under-50 age group.) On still other occasions, the investigator or practitioner encounters either very generalized self-identifiers, for example, *soy de la misma tierra de mis padres,* or very geographically specific self-identifications, such as *soy de Guadalajara* or *mis padres naciéron en Sonora.* [I am from the same land as my parents; or I am from Guadalajara (or other specific locale in Mexico); or my parents were born in Sonora (or other site in Mexico).] To the trained observer, these seemingly dissimilar designations have a common ring. They are grounded in the Mexican heritage of the individual using the self-descriptors.

The Designation of Age 50 as the Cohort Starting Point

The writers' field experience, in addition to that of other investigators, (Steglich, Cartwright, and Crouch 1968; Sotomayor 1973; Torres-Gil 1978; Valle and Mendoza, 1978) indicates that age 50 is a natural cohort separation point for the population under discussion. Each of the above studies have found numbers of persons age 50 as the natural peers of older Mexicanos. Theoretically, support for this age designation comes from the Neugarten (1975) conceptualization which sees the young-old population as extending to this age group. The generational and historical imprinting notions of both Back (1976), Binstock (1976), Bengtson and Cutler (1976), and Shanas (1973) likewise have considerable applicability. The age-50+ Mexicano cohort were either young adults or at least young adolescents in the pre-World War II era. This group underwent historically different experience in the United States from a variety of standpoints. First of all, they were much less in number than the present overall group of Latinos of Mexican heritage now residing in the United States and were considered all but invisible, without political voice, as reported by social observers such as Sanchez (1967), McWilliams (1968), Alvarez, J.H. (1966), and Acuña (1972), to name but four commentators on the group's psychohistorical experience. Second, according to J. Alvarez (1966), this cohort did experience a relatively sudden rural-to-urban transition, as he points out that, while the Mexicano population was 57 percent urbanized by the mid-1930s, there was a particularly dramatic upsurge of urbanization as this cohort flocked to the cities at the outbreak of World War II. Third, as Gamio (1971) illustrated, this cohort had a number of very active benevolent social institutions as part of its own normal group process. The list of cohort differentials could perhaps be extended, but the above serve to highlight the rationale for generational differentials of the age-50+ Mexicano elderly group.

A National Hispanic Population

By convention, Latinos of Mexican heritage are considered primarily a population of the southwestern United States. One source of this geographic designation is those data which place approximately two-thirds of the 9 million or more persons from this Latino group within the Southwest. Such a convention, though, ignores the large concentrations of Latinos of Mexican heritage in the Northwest, for example, the States of Washington and Oregon, particularly southern-eastern Washington and northern Oregon. The convention also ignores the presence of large numbers of Latinos from this group, along with their elderly, throughout the Midwest in both urban and rural settings. Moreover, the migrant work stream of the South and the East includes clusters of Latinos of Mexican heritage.

While not further explicated within the body of the narrative, the above notions for cohort nominal identification, age designation, and geographical spread underpin the principal Mexicano natural network themes under discussion.

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Chapter 4

Politics and Mental Health Among Elderly Mexicanos

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Abstract

The purpose of this essay is four-fold: (1) to evaluate the state of the art regarding the politics of elderly Mexican–Americans, especially where political behavior is related to mental health; (2) to propose a model which may be used as a heuristic device in investigating the relationship between mental health and politics; (3) to proffer a set of specific research propositions or hypotheses; and (4) to offer relevant research and policy recommendations.

1. After an extensive literature search, our analysis of the current state of the art concluded with few definitive statements, except one—that only a few studies have focused on the politics of the aged where samples of elderly Mexican–Americans were used. These studies conclusively indicated that elderly Mexican–Americans are less likely to participate in the electoral process than are Anglo elderly.

Generally, structural frameworks guided these studies, and their findings did not significantly deviate from this perspective.

2. In attempting to clarify the proposed psychological consequences of political behavior among elderly Mexican–Americans, we proposed a model which differentiates between the politics of the aged (PAD) and the politics of aging (PAG); participation or nonparticipation in larger societal institutions; and culturally relevant adaptive qualities. Essentially, the model proposes:

THE MANNER IN WHICH PAD AND PAG INTERACT DETERMINES "DELOCALIZATION" OR MENTAL HEALTH

By delocalization is meant the disruption and/or destruction of adaptive cultural systems.

Moreover, by the interaction of PAD and PAG, we may be in a position to observe certain types of mental health (denoted MH) phenomena, i.e., full integration, full delocalization, system marginality, and cultural marginality.

3. The model we have discussed above is examined for its potential in generating not only research propositions and hypotheses but high level theoretical constructions (i.e., structural equation models).
4. Finally, we proffer research suggestions and possible policy implications that our model suggests.

Part 1: Survey of the Field

Introduction

The polity, as an institution of most all known societies, is an arena where decisionmaking takes place. Whether it is group or individual behavior, the primary impetus for such behavior is to maintain or attain some degree of control over one's life as an individual or as a member of some collectivity. Thus, given this function of the polity, one might reasonably presume that some sort of relationship exists between it and mental health, as measured by such items as alienation, powerlessness, anomie, etc.

However, in analyzing this relationship, one should be aware of many confounding issues. One such complexity, in our estimation, concerns the confounding effects of cultural background. For example, let's imagine that this relationship between the polity and mental health (denoted *pm*) is represented by the following empirical correlation:

$$R_{pm}$$

Moreover, if we take R_{pm} to represent an index of stability, our argument is that R_{pm} *is not* invariant across cultural groups. In addition, regardless of whether or not R_{pm} manifested variability, if we began decomposing the R_{pm} correlative chain, we would observe different mechanisms (or components) generating this correlation. Thus, cultural background should be an important factor in examining the PM relationship. And its inclusion in such an analysis would not only have scientific merit but pragmatic implications as well.

It is the intent of the present monograph to theoretically evaluate the PM relationship among elderly Mexican–Americans. In addressing this topic, we have organized the monograph into three substantive parts (a fourth part merely contains references, footnotes, and appendices-diagrams). Part 1 is a survey of the literature regarding the politics of the aged and of elderly Mexican–Americans.

Part 2 gets us into the heart of this monograph. Three sections discuss the relationship between politics and mental health, the cross-cultural nature of the politics of aging, and finally a simple model is presented for evaluating the PM relationship.

Part 3 focuses on the research and policy implications of our theorizing. It is here we proffer research and policy recommendations.

The Politics of the Aged and the Politics of Elderly Mexican–Americans

The Politics of the Aged

The discussion of the politics of the aged should include a consideration of the processes of aging over the life cycle; the political characteristics of the aged cohort; and the effects of history. This section addresses a review of our findings concerned with the politics of the aged. As we suspected, the issues of "delocalization" were not addressed, and, in fact, the relationship has not even been mentioned except in the "modernization" literature (Korte 1978; Maldonado 1975; Sotomayor 1973).

Orientations and Beliefs on Specific Issues

When social scientists, especially political scientists and sociologists, discuss orientations and attitudes, such factors as ideologies, attachments, and loyalties to political parties and other institutions, perceptions, evaluations of political objects (Easton and Dennis 1969), and personality type (McClosky, 1967) are raised. In this section our focus is on the content of orientations, the stability of such orientations, and beliefs about specific issues.

Greater conservatism among the old has been a frequent finding of studies concerned with the orientations of the old (Glenn 1974; Free and Cantril, 1968). For example, both Lipset (1959) and Campbell (1962) have noted the tendency of older persons to disproportionately defend traditional social values. Additionally, if one wishes to equate conservatism with membership or identification with a political party, studies by Converse, Miller, and Stokes (1960) note that older people are more likely to identify with the Republican Party than are younger people. Six years later, Riley and Foner (1968) substantiated these findings.

While these findings are certainly provocative, recent analysis by Abramson (1974) cites a strong cohort effect to these studies, rather than a life cycle interpretation. That is, instead of becoming conservative as one ages, conservatism is associated with particular age cohorts because of certain commonly shared characteristics which are acquired early in life. Furthermore, we should also point out that in certain historical periods effects may be operative, i.e., the Depression. Certainly, experiencing that event has influenced the political attitudes and behavior of older people.

Research has indicated that orientations which are acquired early in life are most likely to remain with persons throughout the life cycle. Campbell et al. (1960), for example, note stability of party identification among the elderly. Converse (1964) concurs.

On the other hand, this is not to say that the elderly are not flexible. On the contrary, Glenn and Hefner (1972) find that age cohorts will change their beliefs as they age, although the old take their time about such matters. In addition, studies suggest that the old are not unlike the general population in terms of having loosely structured attitudes on specific issues. In other words, the old are just as flexible on specific issues as are younger age cohorts (Prothro and Grigg 1960), Free and Cantril 1968; Foner 1972; Evan 1965; Glenn 1974).

In providing an interpretation for this particular finding, Douglas, Cleveland, and Maddox (1974) suggest that the old are flexible to the degree that the issue under question is directly and immediately relevant to them, e.g., old age benefits.

The literature also suggests that the old are resistant to governmental civil rights intervention (Campbell 1971), school integration (Killian and Haer 1958), and housing integration (Hunt 1960). On issues of "law and order," the old tend to favor governmental intervention (Campbell 1971; Glamser 1974). Riley and Foner (1968), Allardt and Pesonen (1967) find that the old are less favorable to governmental ownership and collectivism and central planning of the national economy.

Interest and Participation in Politics Among the Aged

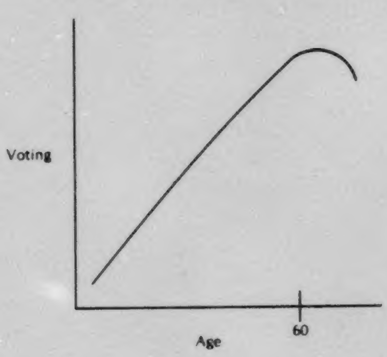
The old are relatively active in terms of political interest and in expressing these interests. While some findings reveal that the old are less active than younger age groups, this seems to be more a function of education, sex, and physical handicaps. In this section we review and summarize literature regarding the political interest, voting, and political participation beyond voting of the aged.

Research has indicated that the old are extremely interested in political issues and politics (Milbrath 1965; Lazarsfeld, Berelson, and Gaudet 1944; Berelson, Lazarsfeld, and McPhee 1954). Riley and Foner (1968), for example, conclude that political interest reaches maturity at middle age and is carried on into old age. On the other hand, studies by Berelson, Lazarsfeld, and McPhee (1954) and Schramm and White (1954) indicate that the old have higher interests in politics than younger age cohorts. For instance, Schramm and White note a positive linear relationship between age and reading public affairs news and editorials, while a negative relationship exists between age and reading sports, news, and comic strips.

Even more substantive findings are provided by Glenn and Grimes (1968) and Glenn (1969). Glenn and Grimes state, "The highest reported interest is consistently at age 60 and higher, and the difference between the middle aged and elderly is pronounced at most educational levels for both sexes" (p. 570).

Voting

The relationship between age and voting is somewhat more complex. It seems that there is a positive linear relationship between age and voting until the beginnings of old age, then a drastic dropoff occurs. This relationship is expressed by the following diagram:



The relationship between age and voting.

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Interestingly, when selected controls are inserted, the dropoff associated with age virtually disappears. The intent of this section is to review literature concerned with the relationship of age and voting participation.

Early studies suggested that voting participation increases with age, peaks at about 60, and then drops off but never returns to the level of age 20 and the early 30s (Milbrath 1965; Crittenden 1963; Glenn and Grimes 1968; Verba and Nie 1972). These investigations indicated that age is the major contributing factor to such a dropoff. However, later studies suggest that, when appropriate controls are introduced, this relationship disappears.

When controls are introduced, the dropoff is not attributed to age but rather to characteristics of the older population. Research consistently suggests that women vote less than men; at all levels of socioeconomic status (SES), income, and age levels. Moreover, the less educated are not as likely to vote as the educated. Due to higher mortality rates among men, older age cohorts are disproportionately composed of women; thus, the falloff in voting may be traced, in part, to sex. Additionally, another contributing factor is that older populations are less educated than younger cohorts. We may summarize this section by saying that the dropoff in voter participation among older populations is not directly attributable to age but rather to certain sex and educational characteristics of the older population.

Most would agree that voting is not an especially active form of political behavior. There certainly are more active symbolic forms. This section reviews literature which has assessed the political participation of the aged beyond that of voting.

Milbrath (1965) and Verba and Nie (1972) construct indices of political expression, ranging from passive to active. Their data suggest that the aged are concentrated in moderate types of political behavior, while they are underrepresented in more intensive forms. We believe a reasonable explanation for this underrepresentation is due to physical limitations characterizing the old; it is not attributable to being old per se.

In summation, we have noted that, contrary to widespread opinion, the aged are most likely to be politically active and interested in political issues. Moreover, when selected controls are introduced, any dropoff in political behavior seems to disappear. Finally, any statement to the effect that old age induces conservative political orientations is erroneous; rather, such characteristics are due either to cohort or period effects (and perhaps to the interaction of both). In the section to follow we explore research regarding the political behavior of elderly Mexican–Americans.

The Politics of Elderly Mexican-Americans

Introduction

As was expected, there is a paucity of research focusing on the politics of elderly Mexican–Americans. Such lack of research has led to the development and perpetuation of stereotypes of this aged group. The situation is captured in the following statement by Torres-Gil and Becerra (1977):

> ...it is commonly assumed that the only interests of Mexican American elderly are the family and the Church. Moreover, younger Chicanos tend to perceive their older counterparts as conservative, religious and apathetic about political issues affecting the Mexican American community (p. 393).

Continuing, the authors proffer a possible consequence of such stereotyping:

> These two perceptions have served to negate interest in exploring the true nature of the political behavior of elderly Mexican Americans and in organizing them for effective political participation (p. 392).

In this section, we review a few studies which have been conducted regarding the political behavior of elderly Mexican–Americans. Because there have been only two such studies, we shall carefully evaluate any theoretical framework they might offer.

The study by Torres-Gil and Verdugo (1976) assessed the political behavior and attitudes of two samples of elderly Mexican–Americans; one from San Jose ($N = 106$), and the other from the greater Los Angeles area ($N = 125$), aged 60+. Their analysis focused on four dimensions of politics: (1) political activity; (2) voting; (3) political awareness; and (4) political interests.

Findings from their analysis indicate that, while the level of political activity, voting, and awareness, was higher among elderly Anglos, the level of participation among elderly Mexican–Americans was higher than might have been expected. Moreover, it seems that older Mexican–Americans perceive themselves to be more politically efficacious than older Anglos. And, in general, older Mexican–Americans manifested more favorable attitudes toward politics.

Their study suggests that while elderly Mexican-Americans are willing and interested in politics, they have not participated on equal levels as have elderly Anglos. One major factor for this discrepancy, as cited by the San Jose elderly, was lack of communication. Other reasons cited by the authors include:

> ...(that) the older person feels uninformed about current issues, he does not understand what the Chicano Movement is, or he feels that no one has made an effort to contact him. The next highest number of responses dealt with fear and

> negative role expectations. For example, the older person is afraid that if he does get involved he will lose his social security or be deported, or he feels that he should only be involved with the family or the Church. (p. 8).

A later study by Torres-Gil and Becerra (1977) proffers a model "...that attempts to account for the various factors that explain political participation and that encompasses such elements as political activity, a sense of political efficacy, and barriers that inhibit activity and limit a sense of efficacy" (p. 393). Their model is presented in figure 1.

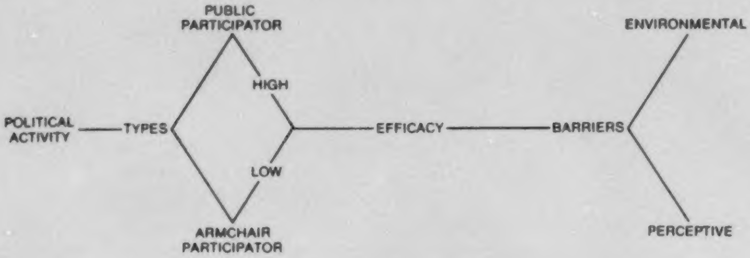

Figure 1. Torres-Gil and Becerra (1977) model of political participation. Copyright 1977 by *The Gerontologist*. Reprinted with permission.

There are a number of important findings reported by the authors. Generally, they note that elderly Mexican–Americans participate less than Anglos. However, this lower rate of participation is attributable to substantial structural barriers, i.e., low SES and low educational attainment, and by the perception of ethnically related barriers, i.e., discrimination and fear of deportation.

On the other hand, what we find more interesting is the efficacy of their model, if it were transformed. If we change the original model for the sake of clarity, we have:

BARRIERS————→	EFFICACY————→	POLITICAL ACTIVITY
E & *P* / *O*	Lo / Hi	*AP* / *PP*

where, *E* – environmental barriers (low income, low educational attainment, poor health)

P – perceptive barriers (discrimination, fear of deportation)

AP = armchair participator (expresses interest, discusses politics)

PP = public participator (active participator)

O = indicates no perceived barriers to political activity.

This revision predicts that barriers affect political efficacy which affects political activity. Specifically, environmental and perceptive barriers affect, or are associated with, low political efficacy; low efficacy affects or is associated with AP, while high efficacy affects or is associated with PP. The authors' data generally tend to suggest the viability of this revised model. However, there is one possible oversight of this study. They state that "the Mexican–American elderly's overall level of political activity was found to be low and seemed to be reflected in a low sense of efficacy" (p. 398).

While this may be true of the San Jose sample, its applicability for Los Angeles elderly is highly questionable. To be sure, Los Angeles elderly Mexican–Americans were less likely to feel highly efficacious than Anglo elderly (i.e., 10 percent vs. 16 percent); however, if we collapse highly and somewhat efficacious, then Mexican–American elderly are considerably more efficacious than Anglo elderly (62 vs. 41). Additionally, a significantly greater percentage of Anglo elderly felt they had little or no political efficacy (59 percent vs. 38 percent) than Mexican–American elderly. Torres-Gil and Becerra's original table is presented below.

TABLE 1
PERCEIVED POLITICAL EFFICACY AMONG ELDERLY MEXICAN-AMERICANS AND ANGLOS (Los Angeles sample)

Response	Mexican–American Elderly (*N* = 125) Percent	Anglo Elderly (*N* = 172) Percent
A great deal	10	16
Some	52	25
Little/Some	38	59

SOURCE: Torres-Gil and Becerra (1977). Copyright 1977 by *The Gerontologist*. Reprinted with permission.

This, then, has been the extent of research on the political behavior of elderly Mexican–Americans.[1] In each study, the authors have stressed the importance of political behavior and attitudes for an individual's life satisfaction and control of his/her life; "political participation by older Mexican Americans is important if they are to have input into decisions, policies, and events that affect their lives" (Torres-Gil and Verdugo 1976, p. 8).

PART 2: Theory of Politics and Mental Health in the Maintenance of Life Continuity: A Rationale

The Opportunity for Political Expression and Mental Health in the Maintenance of Life Continuity: A Rationale

Continuity and Its Relationship to Mental Health

In a discussion of political powerlessness and the often consequential phenomena of alienation and anomie, psychological theories, which can add to our observations, are often overlooked when economic and political factors are apparent. However, economic and political factors can only have their effects via psychological mediators. Thus, for example, poverty in and of itself is not a complete explanation of anomie. Questions remain as to how poverty works psychologically to produce a sense of helplessness, hostility, and rootlessness among its victims.

Most of the literature agrees that, within our species, there exists a basic need to maintain some sense of influence over the people, events, and processes which have an impact on and shape our lives. It is our contention that, in addition to this, there is also a basic need to maintain a sense of continuity with regard to the changing means by which the former need is met throughout the life cycle. What follows is a discussion of the potential political and mental health consequences which may flow from the satisfaction, or frustration, of these primary needs specifically as they relate to the elderly Chicano.

In such widely variant fields as psychoanalytic psychology (Jourard 1967), humanistic psychology (Angyal 1941; Maslow 1954), developmental psychology (Eriksen 1953) and experimental psychology (Seligman 1975), the evidence is rather persuasive that there is within each of us a basic need to maintain an on going sense of being able to exert some amount of influence over relevant aspects of our life space. In research with human subjects, the importance of this need for influence or control is apparent. Thus, for example, Perrin (1963) gave his research subjects all possible permutations of control, uncontrollability, predictable and unpredictable shock. In the study, controllability meant self-administration because the subjects could not modify the shock. When they were asked which condition they would choose to go through again, the subjects overwhelmingly preferred control, even though in no case was the degree of shock modified. Besides providing support to the importance of this need, the evidence also suggests that relief from anxiety resulting from a lack of control over personally relevant aspects of the environment can come from perceived control alone without actual control. Given that control is an important need in man and that its existence or at least its perception mitigates possible dysfunctional reactions, what are the possible mechanisms involved?

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[1] One might consider Fernando Torres-Gil's Ph.D. dissertation. However, his more important findings are proffered in his writings with Verdugo and later with Becerra.

Seligman (1975) addresses this issue by postulating that the drive to exert personal influence or control is a drive to avoid helplessness and vulnerability to assaults upon one's physical and emotional integrity. The existence of such a drive or need, according to Seligman, follows directly from the premise that being in a state of helplessness and vulnerability arouses fear and depression. Activity which avoids such a state avoids these adverse emotional states, and may progressively become reinforcing in and of itself. Seligman moves beyond this to make a point which can be seen as having important political implications. He states that, just as individuals can learn that their actions or responses can have significant effects on their environment, they can also learn that there is no relationship between their responses and outcome. Given a history of such experiences, the end result is described by Seligman as a state of learned helplessness which is characterized by a sense of depression and hopelessness. Seligman's research demonstrates that such a state is behaviorally expressed by a lack of spontaneous and self-initiated actions aimed at modifying or escaping the noxious situation or environment. Thus, it seems that political powerlessness can perpetuate itself, given that it is a repeated and prolonged experience via its subsequent detrimental effects on the emotional state of the individual. Given that experience of uncontrollability and political powerlessness (not uncommon in the marginal existence of the elderly Mexican–American), under what conditions do these frustrations become detrimental to his mental health?

A further review of Seligman's work, and that of Renshon (1974) seems to indicate that an understanding of the following conditions is crucial. To begin with, there is the availability of viable alternatives to coping mechanisms which have proven inadequate in maintaining at least a sense of personal influence or control. The second is what is individually perceived as an acceptable level of control or influence. The third is the degree to which the individual believes he possesses the ability to influence the different forces which impact upon and shape his life. The final one consists of the actual scope and/or extent of influence desired and the areas which, to the individual, are control-relevant, given the differential values he places on different spheres of his psychosocial world.

With regard to the first and last conditions, a scrutiny of the recent literature (Sotomayor 1973; Gonzalez and Garcia 1974; USC Community Survey 1976; Nuñez 1977) suggests that an extended kinship network plays an important role in defining the availability of coping mechanisms for the elderly Mexican–American. In addition, a more multigenerational orientation, as opposed to an age-stratified viewpoint, among the elderly seems to be indicated by the high saliency of the extended family.

The work of Sotomayor suggests that the coping mechanisms most prevalent among elderly Mexican–Americans are characterized by strong familial relationships which differ from those usually found in our age-stratified and highly individualized society. In their study of extended family interactions among urban Chicanos, Gonzalez and Garcia found that a strong network of kinship interactions continues to be practical and one in which mutual-help patterns flourish, while residential proximity is observed. This pattern of mutual dependency and help is greater than that found by Axelrod (1956) and Sussman (1962) in their studies of nonminority samples. However, while such patterns of familial help seem to continue, the authors also found that elderly members of the Chicano families studied were becoming progressively isolated; the political implications are discussed later.

That this familistic orientation is multigenerational in scope is given support by the two most recent surveys mentioned. Nuñez (1977) found in his study of the familial perceptions of elderly medical patients that there are significant ethnic differences with regard to how the family is structurally defined in terms of numbers, kin types, and generations. In addition, norms with regard to potential sources of support were also found to be ethnically significant. In terms of normative help sources, 54 percent of the

Mexican–American elderly mentioned immediate and extended kin as compared to 7.6 percent of the Anglo respondents. In contrast, 31 percent of the Anglo respondents mentioned immediate kin, along with friends and neighbors as normative sources of help. This compares to only 4 percent among elderly Mexican–American respondents. Perceptions of family structure were also significantly different. Fifty-four percent of the elderly Mexican–American patients mentioned from 11 to 14 people when asked who made up the family, compared to only 8 percent of the Anglo respondents. The majority of the Anglo patients (54 percent) mentioned three to five people. In addition, the number of distinct kin types mentioned also differed for both groups. Sixty-one percent of the Mexican–American elderly mentioned from five to six distinct kin types in defining the family. The majority of Anglo respondents (65 percent) mentioned from two to three. Finally, as suggested by the latter finding, the number of generations mentioned, and the age range of those defined as family, was significantly greater for Mexican–American elderly. All of which verifies the earlier finding that the family network of the elderly Mexican–American is much more structurally extensive, both numerically and generationally. Also, viewed as a source of coping mechanisms, it is of greater saliency for elderly Mexican–Americans than it seems to be for elderly Anglos. This would lead us to the hypothesis that the elderly Mexican–American is more multigenerationally focused in the lifelong quest to meet basic needs for personal control and influence.

Politically, at both consanguineal and fictive kinship-network levels, at peer-group levels, and at formal-associational levels (including political parties), more direct support for this can be found in the USC community survey. Respondents were asked if, when they voted, they considered the manner in which such a vote affected their own age group. Twenty-two percent of the elderly Mexican–Americans responded "often," in contrast to 33 percent of the Anglo elderly. When asked how their vote affected their ethnic group when voting, 29 percent of the Mexican–American elderly responded "often," compared to 15 percent of the Anglo elderly. Such responses point to significant identification with ethnic-group membership rather than with age cohorts.

Discontinuity and Its Relationship to Low Mental Health

Given the high saliency of the family for the elderly Mexican–American, and his multigenerational orientation as contrasted to his

Anglo counterpart, we can propose another important hypothesis: The level of personally acceptable control or influence varies in accordance with the political arena in which the aged participate at any given time, be it formal or informal. We can take this one step further and speculate that, to the extent that formal institutionalized political arenas represent little control relevancy, the link between political efficacy and mental health will be weak. Rather, it is within the informal political systems of the elderly Mexican–American that such a link is crucial to his mental health status.

Insofar as dislocation becomes an increasingly significant fact in the lives of the elderly Chicanos, as indeed Crouch (1972), Moore (1971), and Gonzalez and Garcia (1974) suggest is the case, we can expect that the relationship between formal political life and mental health will take on added importance for this segment of the population.

As mentioned before, when formal politics is perceived to be a control-relevant aspect of the individual's psychological life space, as it may increasingly become among elderly Mexican–Americans, a link is forged between psychological status and political life. In addition to this, because of the frustration of the basic need for continuity which such a shift may represent, the effects of such political endeavors on the mental health of the elderly Mexican–American become increasingly pronounced.

As pointed out by Myerhoff and Simic (1978), in later life there seems to be a universal and strong impetus toward the maintenance of continuity and where it is lacking, toward its reestablishment. We may well wonder to what extent the elderly Mexican–American is equipped to reestablish such a sense of continuity within an arena which reflects social values which can be seen as foreign in perspective, a value system which emphasizes class and age stratification along with individualism and has so effectively screened out the elderly Mexican–American in the past.

In summary, to the extent that the present formal political arena is available to the elderly Mexican–American and remains incongruent with his needs and orientations, and as his informal political systems become less viable, we can expect a growing relationship between mental health status and political life. Indeed, the prospect seems entirely negative in its dimensions, if no modifications in the present formal political systems are forthcoming. For, rather than continuity, in which a sense of competency is maintained, discontinuity with all of its concomitant psychological disruptions (cf. Lowenthal 1964;

Tobin 1961) can be expected. Such a condition becomes especially acute as the size of the elderly Mexican–American population doubles and/or triples.

The Politics of Aging: Cross-Cultural Perspectives

Aging as a Life Course and Career

Cross-culturally, aging must be viewed as a lifelong process, a career of sorts (Myerhoff and Simic 1978, p. 241), in which individuals build lasting relationships and respect. Old age, then, is a period not only of reflection and contemplation upon the process of aging, but also of activity in which there are certain "payoffs" as the result of aging. This point of view contradicts the ethnocentric (Anderson 1972), the aged as a minority group (Rose 1962), and disengagement (Cumming and Henry 1961) perspectives. While these frameworks have as their core arguments the thesis that the aged form a powerless, ineffectual, subordinate group in society, a cross-cultural perspective cannot accept these notions.

Instead, the position adopted here is that what must be carefully examined is the manner in which elderly Mexican–Americans conduct their aging careers; with their contingent accumulation of social credits, continuity, and social interdependencies. Thus, the "politics of aging" among elderly Mexican–Americans refers to their adaptive capacities. Whether or not the continued delocalization pressure, especially economic and geographic, disrupts the opportunity to accumulate such relationships and credits is a question best answered by empirical observation.

Traditionally, it has been quite understandable to treat the aged as a subcultural or minority group. However, the politics of aging among ethnic groups should be distinguished as a process of continuity, accumulation, and interdependence among its members. If elderly Mexican–Americans are not accumulating social credits, if role continuity is absent, and if little economic or social interdependence is displayed, the observable "status" of the Mexican–American elderly may be described as delocalized. And the consequences of delocalization are institutional-political alienation, cultural disruption, and personal alienation and anomie.

The Intersection of Politics of Aging and the Mental Health of Elderly Mexican-Americans

Issues of Continuity in Aging

Continuity and discontinuity refer to the continuation, or elimination, of roles and settings over the life course. Thus, for example, within fictive and kinship networks, there seems to be a sexual division of labor concerning the continuation of valued caretaking roles. Women, on the one hand, experience much role continuity. On the other hand, while males may impart important vocational skills to male grandchildren (i.e., carpentry and auto mechanics); these roles are not invariant over the life course. To be sure, while physical disabilities account for part of this discontinuity, Estrada's work (n.d., p. 8) also suggests that geographic mobility may also be an important contributing factor. We suspect that mobility of this sort adversely affects the continuation of valued roles within the community and may indicate that economic and social pressures are operative.

Even if there were no geographic mobility on the part of the aged, the mobility of the young also mitigates role discontinuity. In fact, Velez-I. (1978) points out in a study of urban migrants that rural areas are largely sectors of older persons living in towns depopulated by younger persons. Mobility of the young within the barrios can also be illustrated; thus, even if older members become rooted in a geographic area, the young are most likely to be dispersed because employment opportunities are elsewhere.[2]

Social Credits

Such structural conditions also have implications for the accumulation of social credits in old age which, we may reasonably assume, are not only at a peak but are associated with social power. As Moore (1978) suggests "...the most durable of things accumulated are durable social relationships" (p. 67). Among Mexican–Americans, the literature generally indicates that affiliation motivation seems to be more important than competitive motivation as an integral component of social existence (Sanders 1976). The inference to be made here is that, for Mexican–Americans, access to, and interaction with, human beings is the most valued of desired resources. Although property is certainly an important resource, one adaptive response among elderly Mexican–Americans has been the selection of multiple relationships based on mutual obligation and cooperation. There is a variety of commensal and ritual activities which generate these durable relations and the symbols that are associated with them, i.e., *compadrazgo* and obligations incurred through *amistad* (friendship). Yet, these relationships are highly vulnerable to social change. Thus, in this context, the efficacy of obligation and support, based on durable social relations, is disrupted.

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[2] Social scientists have noted that many corporations and places of employment are moving to areas outside the city. Thus, to find employment, urban residents must commute outside their own communities.

Social Interdependence

The accumulation of durable social relationships, the continuity of valued social roles, and geographic settings imply social interdependence. Thus, persons who occupy one's friendship network are those in whom one has greatest confidence *(confianza)* to fulfill reciprocal obligations in times of stress and crises.

It is because of these multiple interdependencies that Mexican–Americans are able to surmount many adverse situations in their lives. Face-to-face contacts and relationships become cherished and consciously maintained so that visitations and commensal activities reinforce and generate greater intragroup reliance. However, these relationships are also vulnerable to changing structural conditions, e.g., economic, political, or geographic.

The dissolution of traditional political behavior is not equally distributed. We can think of at least two explanations for this. To begin with, in other less "delocalized" regions of the United States (e.g., Southern Arizona, Texas, and some parts of New Mexico) ethnic networks seem to have withstood delocalization pressures. This is not to suggest, however, that such networks are either stable or have necessarily provided aged members with great emotional and psychological assistance. Yet, we strongly suspect that, where social density and ethnicity are the bonding factors, satisfaction is high. On the other hand, where age is the impetus bringing members together, satisfaction is low. The former continues to provide a sense of role continuity; the latter does not.

A second reason for observed variability is most likely due to the fact that delocalization is in an intermediate state. Thus, any significant delocalization effects may be observed in the near future. At any rate, the variability of delocalization must be carefully noted in examining the "politics of aging" among elderly Mexican–Americans; and, more importantly, the time distribution of the aging process itself.

Summary/Conclusion

We have shown the greater utility of a dynamic model in examining the relationship between politics and mental health. The model includes the fundamental premise that understanding the political participation of elderly Mexican–Americans must be part of a dynamic model in which the "politics of aging," within ethnic boundaries of the elderly, is constantly affected by pressures of "delocalization." One adaptive response, for some elderly Mexican–Americans, has been participation in age-graded associations and these have become an important part of the politics of the aged. Yet, this sort of participation has been minimal even for those residing in highly urbanized sectors of the United States. This stems from the fact that delocalization is differentially distributed. In either case, however, our conviction is that delocalization affects both urban and rural areas, with concomitant adverse consequences for the accumulation of social credits, durable relationships, and interdependent multigenerational relationships. What follows, necessarily and sufficiently, in our estimation, are striking indications of poor mental health.

These indicators should be operationally defined in terms of the following criteria: lessened reciprocal relationships between multigenerational units; lack of mutual satisfaction in social relationships; loss of important peer and younger generational members; and loss of personal control and self-image. In addition, feelings of impotent influence in social relationships will be crucial in gauging the social contexts of elderly Mexican–Americans. These operational notions will also provide us with an index of the structural consequences of delocalization on the politics of aging.

A Model of the *PM* Relationship Among Elderly Mexican-Americans

In undertaking an investigation of the plausible relationship between politics and mental health (denote PM) among elderly Mexican–Americans, one should be sensitive to the influence of competing theoretical frameworks. If, for example, a structural assumption is being made, then Mexican–American elderly are viewed as part of a dependent ethnic group who are more likely to suffer *between*-cultural group hardships within the PM relationship than they would within their own cultural system. Certainly, economic and social indicators of structural relations indicate that

Spanish origin elderly suffer adversely on a variety of economic issues (see, for example, Verdugo and Nuñez 1979). For instance, Spanish origin elderly have incomes approximately one-third of the median earnings levels of the total population and half of the median earnings levels of the total Spanish origin population (Estrada n.d., p. 8). Educational attainment levels among Spanish origin elderly are also quite low. With a mean of 3 years of educational attainment, they have the second highest illiteracy rate in the United States among ethnic and racial groups (Estrada n.d., p. 6).

These structural indicators suggest that elderly Mexican–Americans constitute a significant underclass of individuals who are most likely to suffer not only within their own culture but between-cultural hardships, e.g., poor medical care, occupational discouragement, and lack of access to important societal resources (e.g., power networks, legislative influence, community organizations, and economic institutions). In other words, a structural perspective depicts them as politically powerless and lacking access to the desired societal resources. These characteristics may be described as the "inequality of living chance."

The "inequality of living chance" refers to the actual shortening of life and not merely to opportunity. Among elderly Mexican–Americans, 37 percent are poor, a proportion which is 11 percent greater than the national rate (Americans of Spanish Origin 1974). In addition, of all U.S. families with family heads who are 65-years-old or over, 85 percent receive social security, but only 72 percent of Mexican–Americans do (Americans of Spanish Origin 1974). These social characteristics are remarkable in that, even though elderly Mexican–Americans receive less benefits, they are less likely than other elderly persons to retire and therefore remain in the labor force longer. This is a function of the fact that Anglos are retiring from the labor force at younger ages than elderly minority persons (Farley 1977). This may also be due to the occupations in which they engage. For example, Estrada (n.d., p. 7) notes that Chicanos engage in occupations without social security benefits or pension plans.[3] It is little wonder, then, that Spanish origin elderly are less likely to be registered politically and to vote than other elderly ethnic–racial groups (Estrada n.d., p. 8).

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[3] Leo Estrada's point is well taken. In fact, a considerable body of literature suggests that the labor force consists of "primary" and "secondary" labor markets, where the primary markets are characterized by better wages, job stability, and superior benefits. In contrast, secondary markets are characterized by low wages, job instability, and inferior benefits. In addition, ethnic-racial minorities are highly concentrated in secondary labor markets (Piore 1972).

From this perspective, therefore, such mental health consequences as alienation, disorientation, and anomie seem inevitable. However, the implications are too facile and do not advance our understanding of the PM relationship among elderly Mexican–Americans. Instead, another level of theorizing must be introduced which assists us in understanding the manner in which structural conditions affect the PM relationship. In this section we undertake the task of offering a simple model which may be used in advancing our understanding of this relationship. In addition, some potential extensions of the model are offered, although we offer these models as heuristic devices, not as ironclad theories.

Before commencing with our theorizing, we should reiterate the basic premise of this monograph. Among elderly Mexican–Americans, the PM relationship is best understood in terms of vast social changes which are transforming important cultural processes used by members of the Chicano community as adaptive mechanisms. The engagement in these culturally relevant processes is referred to as the "politics of aging." In addition, when they are disrupted, low mental health seems inevitable.

Delocalization

We may view structural effects upon adaptive cultural systems as the "delocalization" of such systems; as opposed to images created by "modernization" or "urbanization" theories which tend to view such changes as inevitable and evolutionary. To view changes in culturally relevant adaptive processes as being affected by "modernization" is to neglect such important questions as "Are the young migrating to the cities, or are the elderly in the cities moving from place to place because of structural changes in the industrial state?" It is our contrasting belief that these changes lead to delocalization—a situation in which accumulated relationships, statuses and roles, and social interdependencies characterizing a cultural system are either destroyed or significantly altered.

Delocalization is the *process by which an adaptive cultural system is uprooted from its context—urban or rural—by structural changes and with it the social processes which persons have engaged and maintained in growing old.* Whether in urban or rural contexts, delocalization for the elderly Mexican–American has invariably meant the disintegration of important social relationships, accumulated social credits, and loss of interdependent social relationships with consanguineal and fictive kin, and also the loss of *amistad* (friendship) relations. The implication for poor mental health in terms of esteem, self-concept, personal control, isolation, loneliness, etc. is obvious.

Delocalization may also exert long-term effects: Future generations may adhere to "ahistoric" strategies of adaptation, i.e., tradition commences in a cultural system dissolving its own beginnings (Velez-I. 1978, p. 155–157).

Culture, Social Structure, the Politics of the Aged and the Politics of Aging

Culture consists of the total organized way of life, including values, norms, roles, institutions, and artifacts, that characterizes a given people and that is passed on from one generation to another by learning. *Social structure,* on the other hand, is part of culture. Different cultures have different systems of social structure, and there may also exist different cultural groups within larger cultures, with their own distinct forms of social structure, i.e., Mexican–Americans in the United States. At any rate, social structure deals with the normatively regulated and patterned interrelationships of a group or society or culture.

In analyzing social structure, social scientists often use the terms "norms" (guidelines or rules governing what behavior is appropriate to particular roles and situations); "roles" (behavior which is allocated to certain positions); "status" (although a number of definitions abound, it is generally conceived as the relative rank of individuals in a particular group); and "reference groups" (those sets of others who are set up as benchmarks for one's own behavior and with whom one identifies).

Finally, the study of politics is the study of power and influence. As Lasswell (1958) put it:

> The study of politics is the study of influence and the influential...the influential are those who get most of what there is to get...the rest are mass (p. 13).

Thus, politics has formal, informal, and natural bases. Men and women do not formulate their political views in a dispassionate manner only from formal and informal associations but also through their everyday experiences. Therefore, the proper study of politics extends to a great part of human behavior and social organization. In addition, it is not solely concerned with order and consensus; conflict and cleavage are also within its domain. In fact, the fundamental premise of political sociology is that one must relate politics to the entire configuration constituting society's social structure(s). Finally, although we believe that Lasswell's definition is correct, political behavior and politics are not solely concerned with raw power and influence. Rather, we believe that the definition also includes control of one's life and the opportunity to maintain or obtain adaptive capacities.

These definitions shall form a foundation from which we may describe two theoretical orientations in analyzing the PM relationship among elderly Mexican–Americans. We begin by offering definitions of (1) the politics of the aged and (2) the politics of the aging.

By the concept of the "politics of the aged" we refer to the participation or lack of participation in larger social institutions of the elderly in which access to resources (e.g., power) is limited or permitted. For example, it may be exhibited in political interest and in various modes of political attitudes and behavior. The "politics of aging," on the other hand, refers to the adaptive qualities of aging individuals. It is exhibited in the activities of the elderly in various community, familial, and friendship networks. The desired outcome is not merely economic but is also, and perhaps most importantly, concerned with status and power and role continuity. The important point about the "politics of aging" is that elderly persons are using culturally specific behavior in attempting to adapt to an aging process.

Thus, the "politics of the aged" refers to activity (or nonactivity) in larger social institutions, while the "politics of aging" is limited, for the most part, to activity in smaller social arenas. Culture is especially crucial to the latter: One learns norms, values, and roles which are crucial data to apply in adapting to old age. Of course, culture implies a community of persons sharing, more or less, the same cultural traits. Ideally, every member is aware of the community's guidelines for behavior. Thus, relationships of nonaged to the aged are also defined, allowing for the possibility of smoother adaptive behaviors among the elderly.

In the present analysis, the primary concern is with the "interactive effects"[4] of the "politics of the aged" and the "politics of aging" on mental health. It is proposed here that the construct "delocalization"is an index of mental health and may be measured by the manner in which the "politics of the aged" (PAD) and the "politics of aging" (PAG) interact.

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[4] *Operationally,* interaction is a multiplicative function rather than an additive one. *Theoretically,* and with respect to the present problem, it means that the effects or influence of PAD or PAG on mental health are contingent on the presence of a given level of the other.

The Model

Blalock (1969) suggests that simple 2 x 2 tables may be used as excellent heuristic devices when one is concerned with the interaction of two variables. The illustration below is used in the spirit proposed by Blalock.

		PAG	
		(+)	(−)
PAD	(+)	Integrated Person (A)	Cultural Marginality (B)
	(−)	System Marginality (D)	Full Delocalization (C)

A typology of political participation.

Essentially, we propose that, among elderly Mexican–Americans, the manner in which PAD and PAG interact affects one's mental health, i.e., as indexed by delocalization. Let us interpret the table before continuing.

> *Cell A:* Participation (+) in PAD and participation in PAG (+) result in a fully integrated person. That is, cultural, adaptive capacities are used interactively along with PAD. Thus, in our estimation, good mental health results.
>
> *Cell B:* Participation (+) in the PAD without using PAG (-) results in cultural marginality. In other words, these persons may not be in tune with their own cultural patterns of adapting. The effects here for older Mexican–Americans may be deleterious, since they have had a lifetime of using cultural patterns of adapting.

Moreover, marginality results because the exploitation of newer political adaptive patterns may make up for the loss of culturally relevant patterns, but never fully.

> *Cell C:* Nonparticipation (-) in PAD and nonparticipation (-) in PAG may result in full delocalization—extremely poor mental health. Not only have these individuals lost culturally relevant patterns of adapting, but they do not, or are not allowed to, participate in larger social institutions. Loneliness, distrust, alienation, etc. may result.

> *Cell D:* Finally, nonparticipation (-) in PAD and participation (+) in PAG result in another form of marginality—system marginality. That is, while older Mexican–Americans may be fully exploiting their politically relevant, adaptive capacities within ethnic networks, similar behavior is not being exhibited in the PAD. The interpretation for such lack of behavior is similar to that of Cell C. It is marginal because in the PAG the elderly pick up some of the slack due to system or social isolation.

One may question this conclusion: Shouldn't participation in PAG more than make up for nonparticipation in PAD? We believe that such a viewpoint is naive. One must remember where control of society's dominant institutions lies. Moreover, participation in larger societal institutions reflects the desire to obtain important resources not found within one's community, e.g., Social Security benefits.

System marginality may be manifested in perceived powerlessness as measured by the Rotter I-E scale.[5]

It must also be pointed out that "delocalization" effects are differentially distributed in terms of rural/urban networks. Thus, urban networks might be more susceptible to structural changes because the urban sector is the target of rapid social change. The question of what "state" different populations of elderly Mexican–Americans will be in is an empirical question. However, we should be able to propose what economic and geographic conditions in rural or urban contexts would be ideally conducive to a relatively stable process of growing old and a concomitant "politics of aging" leading to life satisfaction and some semblance of social power. In this context, therefore, the aging process covaries with the integrity of adaptive cultural systems in which the politics of aging takes place.

Some Possible Extensions of the Model

The model as presented in the simple 2 x 2 table is amenable to further extension by the use of some rather interesting mathematical modeling. The benefit of these extensions is that they allow us to include other important variables in our analysis. Moreover, in terms of structural equation models, we reach a pinnacle state in theory construction where the interrelationships of explanatory variables are also noted. In this section we briefly discuss two possible extensions: (1) single equation models (which may then be used in regression analysis); and (2) structural equation models.

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[5] Traditionally, the Rotter I-E Scale has been interpreted in the following manner: *Internality* has meant that an individual maintained personal control, whereas *externality* meant that control was beyond one's grasp (one's fate is left to chance or luck). However, we believe that externality does not measure luck or chance; rather, it manifests *actual* control of one's fate by forces beyond one's grasp (see the work of Gurin et al. 1969).

Single Equation Models Our initial premise is that delocalization (denoted DL) and any other sort of mental health phenomena are a function of the interaction of PAD and PAG. Thus,

$$Y = f(X_1 * X_2) \tag{1}$$

where $Y = DL$, $X_1 =$ PAD and $X_2 =$ PAG. This function may then be modified to the simple regression equation:

$$Y = A_0 + B_1 (X_1 * X_2) \tag{2}$$

However, if we leave the model as it now stands, we raise some interesting questions regarding the possible confounding effects or influence of other important variables, which the model does not address, such as, education, income, and physical health. Also, it would be theoretically interesting to evaluate the independent effects of PAD on Y. Thus, what intuition, logic, commonsense, knowledge of the field, and imagination suggest is a model which combines all these characteristics, while controlling for other important variables. One such single equation model which satisfies these criteria is:

$$\begin{aligned} Y = {} & A_0 + A_1 \text{ Income} + A_2 \text{ Physical Health} \\ & + (B_0 + B_1 \text{ PAD}) * (C_0 + C_1 \text{ PAG}) + E \end{aligned} \tag{3}$$

On the other hand, if we were also interested in all possible interactions, the following model is appropriate:

$$\begin{aligned} Y = {} & (A_0 + A_1 \text{ Income} + A_2 \text{ Physical Health} + A_3 \text{ PAD}) \\ & * (B_0 + B_1 \text{ Income} + B_2 \text{ Physical Health} + B_3 \text{ PAG}) \\ & + E \end{aligned} \tag{4}$$

One might then drop out the squared terms which arise when the algebra is worked out. This model, once the algebra has been computed, is amenable to regression analysis; as is equation 3.

Structural Equation Models Social scientists have turned to the structural equation system in attacking many diverse problems. The models have been referred to as simultaneous equation systems, path analysis, linear (in the constants) causal analysis, dependence analysis, cross-lagged panel correlation techniques, etc. There are works which describe the techniques, at various levels of theoretical mathematical sophistication. (At the elementary level, refer to Asher

(1976) or Duncan (1975). Heise (1975) is also useful, but at an intermediate stage. With some mathematical experience, then Goldberger and Duncan (1973), Theil (1971, chapters 9 and 10), and Kmenta (1971, chapter 13) are useful. Also, Part One of the Blalock et al. (1975) reader is excellent in terms of discussing causal analysis and structure. Generally, however, the work by Bielby and Hauser (1977) is an excellent review of the literature on structural equation models.

The structural equation model is used to study phenomena in terms of assumed cause-and-effect variables and their indicators. Because each equation in the model depicts a causal link rather than a simple association, the structural parameters do not, generally, coincide with regression coefficients of observed variables. Rather, the structural parameters represent relatively unmixed, invariant autonomous features of the mechanisms generating the observable variables. Thus, while structural equation models use statistical tools based upon conventional regression and analysis of variance, it goes well beyond these analyzing techniques (cf. Goldberger 1973).

At this point in the development of the social sciences, structural equation models (denoted SEM) represent the highest level of theorizing currently available to social scientists. Not only does it force an individual to think in causal terms but also to depict the interrelationships among explanatory items and order them according to a system of exogenous (predetermined) and endogenous (determined in the model) variables, as they affect our dependent variable(s).

Once a system is diagramed (a procedure which we highly recommend), one may derive a set of equations which are then examined by simple regression techniques. However, the Joreskog-Sorbom (1978) LISREL IV computer statistical package has been created especially for evaluating identified SEM (the problem of identification is an important one and is discussed in the literature cited above. However, the definitive work is still Fisher 1966). We strongly recommend its use, especially, if the pitfalls associated with applying regression techniques to structural equation models (see the work of Goldberger 1973; Joreskog 1973, 1977) are to be avoided.

Structural Equation Models and the Politics of Elderly Mexican-Americans

Obviously, the use of structural equation models (SEM) has great utility in furthering our understanding of the PAD-PAG interaction and the PM relationship. One must, however, first specify a model in which great faith is placed or, at the very least, seems highly plausible.

As an exercise, let us construct a model which seems plausible. In this exercise, we attempt to construct a model which explains or predicts delocalization.

In creating such a construction, we should be concerned with the following issues: (1) including a system of exogenous variables which may affect not only delocalization but also PAD and PAG; (2) model our system in a manner where we can evaluate the independent and interactive effects of PAD and PAG; and (3) develop a set of endogenous variables which may mediate the independent and interactive effects of PAD and PAG.

From our review of the literature, observations, intuition, and imagination, we believe figure 2 depicts a highly plausible model.[6]

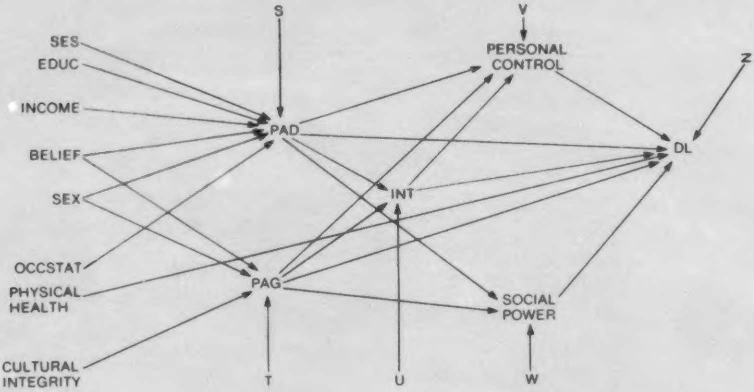

Figure 2. A model of the process of delocalization.

BELIEF = a belief in the political institutions of society; CULTURAL INTEGRITY = attachment to Chicano/Mexican culture; INT = the interaction of PAD and PAG; and DL = delocalization. The remaining items in the model are self-explanatory. Also *(S,T,U,V,W,Z)* = random disturbances.

Specific hypotheses are explicitly given by arrows linking one variable to another. Moreover, "indirect" effects are also of interest and are represented by an arrow passing from one variable to another. Indirect effects are derived by working out the structure of the model (i.e., system of simultaneous equations). Models of this sort may be useful in examining the PM relationship among elderly Mexican–Americans.

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[6] The plausibility of any model is contingent on many factors. At any rate, what is realistic to one social scientist may not be to another. Thus, if one doubts the plausibility of this model, we suggest constructing another.

Overview and Summary

Our basic approach to the relationship between politics and mental health among Mexican–American elderly has been both exploratory and hypothetical. The basic reason for such an approach has been that, after an intensive review of the literature, we could make few definitive statements, given the nature of the theoretical assumptions being made by various authors, or because little work has been done in the area. As the initial review of the literature pointed out concerning the politics of the aged, the political orientation of the aged as a group reflect the historical conditions of each age cohort, and the aged are likely to be politically active and interested in political issues Furthermore, when we reviewed the few works available concerning elderly Mexican–Americans, we discovered that, after revising some of the theories, it seemed more plausible that environmental and ethnic barriers more than likely accounted for low political efficacy among elderly Mexican–Americans. These data, however, do not address the central issue empirically, i.e., the relation between politics and mental health.

We suggest that a structural argument would be too facile in explaining the PM relationship and that another level of theorizing has to be formulated where the following concepts are prominent: *social power* of the aging Mexican–American as part of the *politics of aging* as it was affected by the *delocalization* phenomena. Although the data are somewhat skimpy, they do point in this direction. In other words, it is probable that it is not voting or minimal participation in public political activities which leads to feelings of life satisfaction or mental health. Rather, the stability and integrity of community life and ethnic networks provide the cultural frameworks in which the aged Mexican–American accumulates important social relationships. Moreover, it is within these networks that he also participates in interdependent relationships and is part of continuous satisfactory roles and settings which lead to positive mental health and life satisfaction. Thus, the data point to a tenative hypothesis: to focus on the relationship between such standard notions as the participation of the elderly Mexican–American in elections or campaigns, in public opinion activities, and mental health is, at best, too narrow a point of view.

Rather, it is our conviction that the PM relationship, as expressed in life satisfaction or anomie, depression, and feelings of helplessness, can be most fruitfully analyzed if aging is considered a career. And the career among elderly Mexican–Americans is part of historical arenas in which the accumulation of assembled durable relationships are actualized, continuity of roles and settings stabilized or disrupted, and the interdependence of multigenerational relationships maintained or dissolved. The crucial intervening variables for an aging career in which the "politics of aging" is operative include the obtaining of "social power," influence, social credits, and personal control. Finally, those consequences are conditioned upon structural changes represented by the concept "delocalization." Such an analytical focus permits us to identify specific processes affecting elderly Mexican Americans in a variety of social settings but, most importantly, to suggest different strategies of intervention. Whether or not age-graded associations or voluntary associations would be the most adequate intervention strategy is contingent upon the specific interests of these associations and their cultural integrity.

Our approach has larger theoretical implications. The position here is that, rather than regarding the aging of elderly Mexican–Americans as a linear, homogenous process, we suggest that the aging process is differentially distributed, depending, for the most part, on the integrity and stability of the cultural system. This dynamic approach, it seems to us, is better suited to programmatic strategies created to fulfill the needs of elderly Mexican–Americans.

Part 3: Research and Policy Suggestions

Suggestions for Future Research

Introduction. Historically, some time after the second French Revolution, political structures in many Western societies underwent massive reorganization. What occurred and is still occurring in many other societies was (1) the heavy reliance on standardized forms of political behavior; (2) the access to and influence over people in power by the masses (nonaristocrats); and, perhaps most important, (3) the one-man, one-vote concept. If we were to chart these dramatic changes in political structures with the concomitant rise of industrialism, the results would be startling.

We may distinguish three spheres of political activity: (1) traditional, which is related to kinship ties and access to community notables; (2) associational, which refers to membership in collectivities for specific purposes; and (3) electoral, which is a phenomenon of those epoch-shattering events mentioned above. However, this is not to say that the traditional or associational spheres are no longer important—indeed, they are. However, because of the greater complexity and centralized nature of decisionmaking, their importance has somewhat been filtered into the electoral process, with the obvious exception of associational membership, which has merely widened its scope. By far, traditional modes of political behavior have suffered the most. And it is this strain on traditional modes of political behavior which, currently characterizes the *politics of aging* among elderly Mexican–Americans. On the other hand, this is not to say that the process is insurmountable or that other modes of political behavior cannot be merged with traditional forms.

"Change is eternal." "Nothing ever changes." Both these cliches are true. Social structures are remarkably stable, but they do die. As Wallerstein (1974) puts it:

> Structures are those coral reefs of human relations which have a stable existence over relatively long periods of time. But structures too are born, develop, and die (p. 3).

Wallerstein's point is well taken but does not point to a reason for the resilience of structure. The content of those structures may be rearranged to suit the pressures of massive social change, and it is precisely at this juncture that we proceed to develop the central objective of this section: a reexamination of the "politics of the elderly" and some suggestions for future research.

The Politics of the Elderly: A Reexamination

The politics of the aged or elderly focuses on how age is an important factor in various forms of political behavior and contributes to the relative stability of political institutions. However, in terms of participation in the electoral and associational spheres, a consistent finding emerges: those who were politically active in their younger years are those who participate in their older years. Historically, Mexican–Americans have been denied full participation in American political institutions, via literacy tests, violence, intimidation, and discrimination. These are important reasons why elderly Mexican–Americans do not participate in the electoral process. Another reason may be due to the priorities they establish. That is, electoral behavior may not occupy a priviledged place on their list of appropriate behavior for personal control, social power, the accumulation of social credits, and the establishment of durable relationships (in fact, the electoral process is more conducive to individualism). Rather, what we attempt to argue throughout this monograph is that their spheres of important social-political networks extend to the family and surrounding community. (Although there is a push toward greater electoral behavior because many age-related interests are best met by State and Federal bureaucracies, e.g., welfare, pensions, Social Security). On the other hand, because of massive structural changes in the larger society, the content of traditional and associational forms of political behavior has changed. We have perhaps overemphasized the deleterious effects of social change on traditional modes of political behavior and their concomitant mental health consequences. Here we offer a more optimistic viewpoint.

Elderly Mexican–Americans like most human beings, are remarkably adaptive. Thus, we suggest that, while their traditional modes of political behavior are being altered, they, too, have adapted, not in terms of structurally altering these behaviors (as may be indicated by the stability, to some extent, of the low rates of electoral behavior and the unwillingness to join predominantly Anglo aged associations) but rather in terms of altering the content and scope of traditional political structures. Thus, for example, elderly Mexican–Americans are participating in Grandparents Teachers Associations (GTA), and there is some indication that they act as unofficial politicians in terms of "taking on the system." A clear example of this was the involvement of elderly Mexican–Americans in stopping a National Science Foundation research project in which the three authors were employed.

Our major point is that, in examining the PM relationship among elderly Mexican–Americans, researchers should consider the priorities and adaptive capacities currently in evidence. This point naturally leads us to the primary objective of the next section—a discussion of research suggestions.

Research Suggestions

While there are certainly many pressures being exerted on traditional ways of political behavior within the Chicano community, there is also some indication of adaptation by many elderly members of the community. By adaptability we refer to altering the *content* of traditional structures, rather than a complete overhauling of the structure itself.

In this section, we briefly examine a few of these alterations in which the elderly seem to be engaged and which future researchers should be aware of in terms of the *PM* relationship. Moreover, these alterations have important social policy implications. We have organized the present section in the following manner: (1) We first discuss some "naturalistic" political behaviors in which some elderly Mexican–Americans are engaged and which may increase mental health; and (2) we discuss various strategies in building community resources where the elderly may participate, in fact, in which they seem to be participating.

Grassroots (Naturalistic) Politics

An important aspect of the "politics of aging" in the Mexican–American community is the continuity of roles, relationships, and mutual cooperation. While there are certainly massive pressures changing these and other traditional characteristics, not all elderly Mexican–Americans are accepting them. Rather, the triumph of the human spirit is its capacity to adapt to social change. In this vein, many are continuing the functions of traditional modes of political behavior, but in broader and altered formats. Thus, we find many engaged in grassroots or naturalistic political behavior. In this section we discuss a few of these and highly recommend their inclusion in research examining the PM relationship among elderly Mexican–Americans.

To begin with, some elderly are participating in Grandparents Teachers Associations (GTA) in which some of the traditional caretaker roles are being perpetuated. Moreover, this type of participation is also conducive to acquiring social credits and some semblance of social power. It is our suspicion that involvement in GTA leads to satisfactory levels of mental health.

Secondly, in the Los Angeles area, many elderly Mexican–Americans are indignant over the high crime rates in the barrio and have formed special task groups demanding better protection and programs which may reduce crime in their communities.

Other types of political behavior the elderly seem to be involved in include participation on educational and housing committees and various recreational associations.

Developing Community Resources

Another form of political behavior in which elderly Mexican–Americans seem to be engaged focuses on the development of community resources. The implication for traditional functions is, of course, the maintenance of social power and status within the community. Thus, there are some indications that elderly Mexican–Americans are acting as community representatives in "fighting the establishment." For example, elderly Mexican–Americans seem to be intervening in improving community–police relations, in creating better educational and recreational facilities for the community, and in creating employment opportunities within the community by clearing the way for businesses to locate in the barrio.

To be sure, the list does not exhaust the ways elderly Mexican–Americans are broadening the basis of traditional political functions. Rather, we have merely attempted to point out, on a more optimistic note, that alternative modes of political behavior are being exploited and should be examined in an anaylsis of the PM relationship among elderly Mexican–Americans.

Propositions

A substantial list of research propositions emanates from what has just been discussed. However, in this section we shall only present those we believe are most crucial for research and program implementation:

- Among elderly Mexican–Americans, greater emphasis is placed on the politics of aging than on the politics of the aged.
- High levels of mental health are positively correlated with participation in the politics of aging.
- Disruption or disintegration of traditional forms of political behavior is associated with poor mental health, *unless* elderly Mexican—-Americans adapt by broadening the functional bases of traditional political structures.
- Elderly Mexican–Americans who adapt to changes in traditional political structures by broadening their functional bases are more likely to exhibit satisfactory levels of mental health.

We summarize these verbal statements in figure 3, which we refer to as our basic model. (We should point out that this is the second model we could test in examining the PM relationship. Our first model was presented in figure 2.)

In the basic model (figure 3), negative and plus signs refer to causal effects of an antecedent variable on another; e.g., the greater the social change, the less likely are traditional forms of political behavior to be used. However, the more likely are traditional forms of political behavior to be used, the greater is one's mental health. Derivation of all the effects, correlations, and spurious associations in the model may be computed by the algebra (see Asher 1976; Finney 1972; Duncan 1975). Another issue is the possible interaction of PAD and PAG. However, we have already discussed that issue in another context.

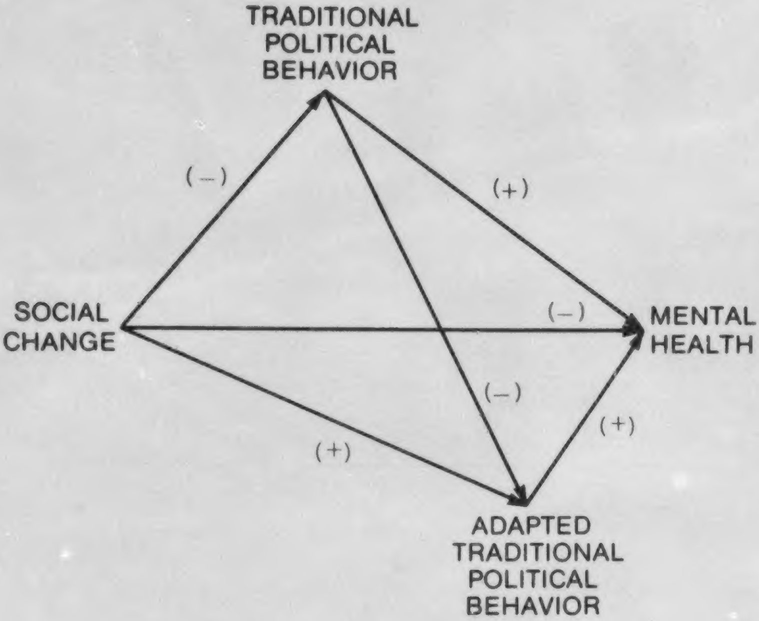
TRADITIONAL POLITICAL BEHAVIOR
(−)
(+)
SOCIAL CHANGE
(−)
MENTAL HEALTH
(−)
(+)
(+)
ADAPTED TRADITIONAL POLITICAL BEHAVIOR

Figure 3. A basic model

The model may be expanded to include an important set of endogenous social-psychological variables (e.g., social control, personal control, self-esteem). For an excellent applied example of how and why path models are expanded, see Duncan et al. (1972).

Other interesting propositions which follow from our discussions include:

- Intergeneration needs of the family have a higher priority in the *politics of aging* among elderly Mexican–Americans.
- Generational needs of individuals have higher priority in the politics of aging among nonminority aged (e.g., Anglo).

Policy Implications and Suggestions

We have included this brief section on the policy implications of our theorizing because we believe it has pragmatic possibilities and may help in resolving some of the aged-related mental health problems currently facing elderly Mexican–Americans.

Our primary concern is that programs be created which focus on continuing the function of traditional political structures, but in broader perspective, such as continuing social power, status, interdependent relationships, the accumulation of social credits, etc. Thus, we suggest the creation, and recruitment, of elderly Mexican–Americans to such organizations as Grandparents Teachers Associations, Community–Police Relations Boards, committees concerned with educational, recreational, and housing issues, and, mandates which include elderly Mexican–Americans in community organizations such as mental health clinics.

However, it is not merely enough to create these organizations. For these programs to be successful, it is imperative that arrangements be made in the following areas: (1) adequate transportation to the elderly in order that they attend meetings; (2) advance notices and proper scheduling of meetings; and (3) if at all possible, meetings and places of gathering within the community rather than in some remote area.

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Chapter 5

Aging and Chicano Mental Health: An Economic Perspective

Richard Santos, Ph.D.

Aging places not only a physical and mental burden on an individual but also an economic one. In the later years of one's life, labor force participation and earnings begin to decline. Along with dwindling economic resources, aging brings greater expenditures in such areas as health care and housing. To Chicano elderly, the mental stress of aging is increased by having less income and more need than the general older population. According to the 1970 U.S. census data on persons of Spanish origin, a total of 737,550 persons 45 years of age and over identified themselves as Mexican origin. This age group represented 16 percent of the total Chicano population in comparison to 31 percent of the white population. Despite the lower percentage of persons over 45 years of age, a socioeconomic profile based on census data and a review of major economic studies revealed Chicanos face the prospects of aging with fewer economic resources than whites.

The economic insecurity of elderly Chicanos can only adversely affect their mental health and self-esteem. Years of social and economic inequalities may create a much more rapid aging process and an increase in mental problems.

The mental health implications of aging are thus compounded by various forms of economic discrimination. Chicanos do not appear to obtain the same benefits as white workers, either in terms of amount or coverage from pension plans, retirement programs, or disability protection. Moreover, an overview of governmental income support programs, such as Social Security, indicates Chicanos receive different amounts of benefits than whites.

It is essential that persons concerned with the mental health of elderly Chicanos recognize the influence of such economic factors as work, income inequality, discrimination, employment patterns, fringe benefits, and the general state of the economy on such mental health considerations as suicides, mental hospital admissions, self-esteem, depression, and participation in mental health programs. The relationship between income, aging, and mental health, however, is a tentative one, and additional research is required to ascertain its exact role. Despite these limitations, certain policy recommendations can nevertheless be made. The government can (1) expand Chicano data sources to facilitate research, (2) expand income support programs for Chicanos, and (3) expand economic opportunities by enhancing employment and training and combatting discrimination. Given the vivid relationship between income and mental health, quality of life for Chicano elderly cannot be increased until an adequate income is assured. Moreover, creating opportunities to secure old-age economic security among younger Chicanos via the labor market will ensure a decent income and life in later years.

Introduction

The study of aging has received increasing research attention from a variety of disciplines. Given the increase in the number and percentage of the Nation's population over the age of 65, it is no wonder that a proliferation of studies on this population has given birth to a new academic field—gerontology.[1] The domains of study extend beyond solely physical and mental considerations. Instead, gerontology examines aging in a wide range of social and economic dimensions. A valid research inquiry must therefore recognize the implications of getting older in a production- or work-oriented society. Indeed, the aging process has economic consequences not only for the individual but also for government and society.

Economic implications arise because in this country over 90 percent of the labor force earn their livelihood directly from wages and salaries. Jobs, not self-employment, provide the main source of earnings during a person's active years in the labor force. Once retired, one's previous work experience still plays a role in providing economic benefits. A job determines, among other things, not only the purchasing power of the household but also social mobility and the need for public assistance. It also serves as an eligibility basis for such old-age security benefits as Social Security, private retirement benefits, and certain health-care benefits. A conceptual list of job-related benefits is presented in figure 1. Most workers thus look to the "job economy" for income security during the active and nonactive years in the labor force.[2]

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[1] For an excellent overview of the gerontology field, see Bell, Bill B., ed., *Contemporary Social Gerontology*, Springfield, Ill.: Charles C Thomas, 1976.

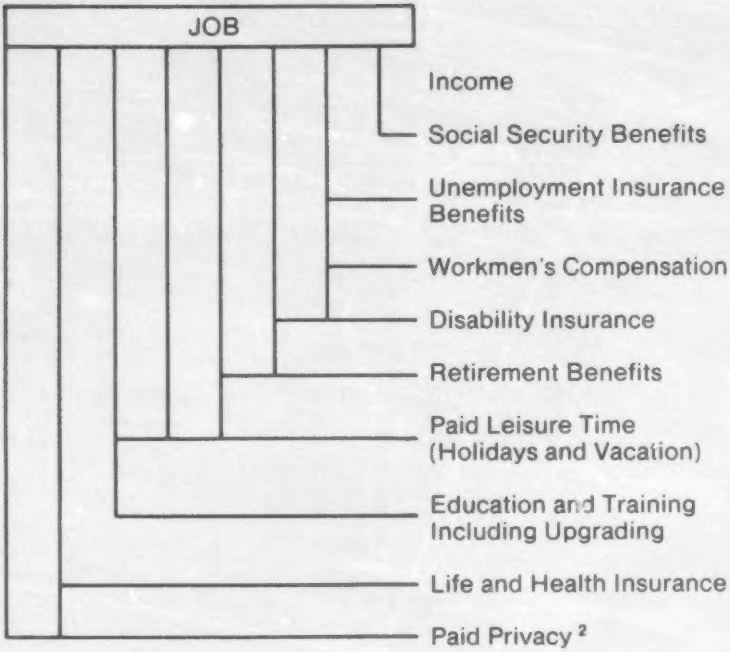
JOB
Income
Social Security Benefits
Unemployment Insurance Benefits
Workmen's Compensation
Disability Insurance
Retirement Benefits
Paid Leisure Time (Holidays and Vacation)
Education and Training Including Upgrading
Life and Health Insurance
Paid Privacy 2

Figure 1. Importance of the job: economic benefits accruing through the job.[1]

[1] In general these are the benefits accruing to large numbers of employees.

[2] Not subjected to welfare rules and regulations.

Source: Dr. Daniel H. Kruger, School of Labor and Industrial Relations, Michigan State University. Reprinted with permission.

While the significance of aging in a job-oriented society is profound, it is of particular concern to certain minority groups who have not obtained benefits accruing to other workers. By any economic yardstick—income, employment, earnings—Chicanos lag behind the general population. Consequently, they confront the older years of their lives with less resources than other members of society. In addition, the economic needs of older Chicanos have escaped gerontological attention. Few studies have explored the implications of aging among minorities that have experienced considerable discrimination throughout their life in the labor market.

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[2] The job economy concept has been developed by Dr. Daniel H. Kruger, Michigan State University.

A particular research strategy is developed within the paper for the needed area of inquiry. By addressing the economic implications of aging, this paper develops a conceptual framework to explore the relationship between economics and the mental health status of older Chicanos. A major contention is that an adequate income is essential not only to secure basic necessities, but it is also vital in determining quality of life or mental health status. An additional consideration is that aging occurs at a chronologically earlier age for Chicanos. It is difficult to define elderly status per se because aging is a function of a myriad of factors—psychological, physical, economic, and social. For example, Chicanos have shorter life expectancies, become parents and grandparents earlier, experience a higher incidence of health disabilities, and economically "peak" at an earlier age than the general population. For descriptive purposes and the reasons cited, the profile of the socioeconomic needs of older Chicanos includes persons 45 years and over. In developing this framework for an economic perspective on aging and its relationship to mental health, major areas of needed research on older Chicanos will be identified.

An Economic Model of Aging

Growing old places a physical and mental burden as well as an economic one on an individual. In the later years of life, labor force participation and earnings begin to decline. Furthermore, an individual's permanent or temporary termination from the labor force either through poor health, forced retirement, or lack of work invokes a cessation of economy-related benefits. To a "gainfully employed" older worker, job severance in a work-oriented society may cause mental stress and social alienation. Even though there is a lack of conclusive evidence, it has been asserted that:

> The sudden cessation of productive work and earning power of an individual...often leads to physical and emotional illness and premature death (U.S. Department of Labor 1978, p. 93).

Moreover, a study of the major determinants of reported life satisfaction among elderly noted:

> In accounting for the variance in life satisfaction, the socioeconomic status variables are, as a category, the most efficient predictors among those

> considered. Family income, in particular, is the single most important variable in explaining reported satisfaction (Bell 1976. p. 281).

Economic resources appear to influence the physical and mental status of an individual. Since the major determinants of economic resources are associated with current or previous labor market experience, the physical and mental health effects generated by one's aging in a production-oriented society require careful analysis. Conceptually, aging represents an economic paradox. On the one hand, aging is associated with declining labor force participation, reduced earnings, and dwindling economic resources. On the other hand, aging is also associated with greater economic expenditures in such areas as health care and housing. Special transportation needs and food diets can represent additional costs to the elderly.

The economic paradox of aging is described in the *Employment and Training Report of the President, 1978* which noted "few older Americans are independently wealthy" (U.S. Dept. of Labor 1978, p. 95). Persons over age 65 have a higher incidence of poverty than any other age group. Furthermore, extension of labor market activity beyond the usual retirement age signifies continual economic necessity among persons age 65 and over. For example, nearly 20 percent of males 65 years and over were in the labor force in 1977 (U.S. Dept. of Labor 1978, p. 186). Work among older Americans is thus a wedge against poverty. In 1975, among persons 60 and 65 years of age, individuals with work experience had a poverty rate of 5 percent compared to 7 percent for persons who retired that same year, and 28 percent for previously retired persons. In other words, "premature retirement" among older Americans may lead to "premature poverty" status (U.S. Dept. of Labor 1978, pp. 95–96).

A lack of financial resources and the pressing economic needs of the elderly may explain why more than 20 percent of all admissions to mental hospitals in this country are by persons over 65 years of age. In addition, over a third of all mental hospital beds are occupied by this age group (Gardner 1977, pp. 9–10). To be sure, many mental health resources used by the elderly are of a "caretaker" nature, given the lack of financial resources among the elderly. Nevertheless, dwindling economic resources may contribute to dissatisfaction and mental distress, as evidenced by the high suicide rate of persons over 65 years of age. It is estimated that 25 percent of all known suicides are accounted for by the elderly (Gardner 1977, pp. 9–10).

Mental health status is also likely to be influenced by the general economic conditions of the country. If the level of employment decreases, or inflation increases, these conditions could adversely affect mental health. A study has demonstrated the inverse relation between mental hospital admissions and general economic conditions. The effects on mental health via economic factors according to the study are more acutely experienced by the very young and old (Brenner 1973, pp. 113, 226, 236). For minority groups or those with lower socioeconomic status, economic conditions are also quite significant in influencing mental health.

Aging thus represents an economic hardship which has a relationship to the physical and mental well-being of elderly Americans. To resolve the economic paradox of aging, many elderly Americans have relied on both public and private income sources to supplement their economic resources. According to the *Employment and Training Report of the President, 1978,* Social Security benefits and living in a family situation have been the most powerful curbs against poverty. In addition to Social Security and family support, private pension plans also have contributed to the decline in poverty rates among the elderly. Private pension coverage since the 1950s has been extended to about half of all nonagricultural private industry employees. In 1950, only half a million Americans were receiving private pension plan benefits compared to about 6.5 million persons in 1976 (U.S. Dept. of Labor 1978, pp. 96–97).

The Federal government also provides a wide array of noncash benefits for elderly persons to supplement their limited economic resources. Programs providing benefits to older Americans vary from Medicare and Medicaid, housing subsidies and food stamps to research (Schulz 1976*a*, p. 573). The noncash benefits from these programs are important in determining total income for the elderly. It is difficult, however, to measure the program benefits in dollar terms.

Even though benefits from income-support programs are difficult to complete in an economic model of aging, some conceptual observations are possible. An economic assessment of aging should examine the following concepts:

1. In the job economy concept, economic benefits are directly related to the job one holds. Consequently, labor market experience has a direct bearing on economic resources available in later years.
2. Economic resources play a role in determining the physical and mental health status of the elderly.
3. Medical and housing expenses for the elderly represent a greater proportion of their budget.
4. A wide array of public and private programs exist to supplement the economic resources of elderly persons.

Program eligibility is in some cases based on previous job experience.

The economic implications of aging are of paramount concern to millions of elderly Americans as well as to relatives and friends who share the financial burden, taxpayers, and policymakers. The economics of aging require detailed analysis, and a variety of studies have already emerged on the subject (Schulz 1976 and Ybarra et al. 1977). However, attention must likewise focus on minority elderly who encounter what one author has called the "double jeopardy" of both racism and ageism (Gardner 1977, p. 14).

Minority groups are experiencing aging with more limited resources than other groups. Chicanos confront aging with much more restricted resources than the general population for the following reasons:

1. Chicanos enter the labor market with low education and skill levels. Foreign immigration may also increase the number of low-skilled workers.
2. Labor market discrimination against Chicanos confines earnings, job promotion, occupational level, and type of industry. This discrimination results in a greater reduction of economic resources upon retirement from the labor force for Chicanos, as compared to the white population.
3. The decline in earnings as associated with aging occurs at a much earlier age for Chicanos than whites.
4. The characteristics of the older Chicano population (education, reliance on Spanish, citizenship status) may restrict their participation in public programs designed to meet the needs of elderly.
5. A lack of awareness among both policymakers and administrators concerning the needs of Chicano elderly may hinder the effective delivery of social programs (Briggs et al. 1977; Santos 1977; Wilber, 1975).

In the next two sections, the special socioeconomic characteristics of the Chicano elderly are examined in greater detail. A description of the demographic characteristics is presented first, followed by an economic assessment.

Demographic Overview

A paucity of socioeconomic data has contributed to the lack of national attention and research on Chicano-related issues. Research on Chicano elderly is likewise constrained by few major public data sources. Many reasons are cited for the statistical neglect of Chicanos. Among other things, it is often alleged that Chicanos are a "regional" problem, difficult to identify, and therefore require considerable expense in identification. Consequently, the major statistical source for researching economic problems of Chicanos is the U.S. Bureau of the Census. While the census data is criticized for undercounting Chicanos and containing other methodological problems, it is still the only "benchmark" data available (*Counting the Forgotten* 1974).

In presenting the socioeconomic profile of Chicano elderly, the major data source will be the U.S. Bureau of the Census 1970, Persons of Spanish Origin (U.S. Dept. of Commerce, 1973). Data from this source are the first nationwide effort to document characteristics of Chicanos and other Spanish-origin groups using a self-identification technique. While the Census Bureau did acknowledge substantial undercount, a total of 4.5 million persons in 1970 identified themselves as persons of Mexican origin. For comparative purposes white or "Anglo" characteristics are noted where appropriate in analyzing the relative socioeconomic status of Chicanos.[3]

For descriptive purposes and reasons cited earlier, persons 45 years of age and over will constitute the reference group. Table 1 presents selected social characteristics for the group. In 1970, a total of 737,650 persons 45 years of age and older identified themselves as of Mexican origin.[4] This age group represented 16 percent of the Chicano population. In contrast, whites over 45 years of age represented 31 percent of their population. Among the older subgroups, persons 65 and over represented 4 percent of the Chicano population, in comparison to 10 percent of the white group. As a whole, Chicanos were a younger population with a median age of 19.3 years versus 28.9 years for whites.

In absolute numbers, Texas and California had the largest Chicano aged population, but New Mexico and Colorado had the greatest percentage of Chicano aged among the five southwestern states.

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[3] In the economic literature on Chicanos, especially in the Southwest, the term "Anglo" usually refers to non-Mexican origin persons who are White. The term "Anglo" will not be used in the study, even though most Chicanos are racially classified as White.

[4] In 1970, the U.S. Census Bureau asked persons if they considered themselves to be of Spanish origin. If so, persons were asked to list country of origin. Mexican origin persons are those who have Mexican ancestry or came from Mexico. They are also known as Mexican–Americans or Chicanos.

TABLE 1
SELECTED SOCIAL CHARACTERISTICS OF OLDER PERSONS IN 1970

Characteristic	Chicano	Total White[1]
Population Size		
All Ages	4,532,435	177,748,975
45–64 years	549,087	37,657,711
65 and over	188,563	18,330,342
Subtotal 45 and over	737,650	55,988,053
Percent of Older Age Groups		
Age 45–64 years	12.1	21.2
65 years and over	4.2	10.3
Median Age of Total Population	19.3	28.9
Percent of Urbanization		
Age 45–64 years	85.5	72.8
65 and over	86.2	72.6
Median Years of Education Completed		
Age 45–64	{6.7}[2] (6.3)	{11.4}[3] (11.7)
65 and over	{3.9} (4.0)	{8.7} (9.0)
Percent of High School Graduates		
Age 45–64	{15.8} (13.1)	{50.0} (52.1)
65 and over	{6.4} (7.4)	{25.9} (30.8)
Percent Foreign Born		
Age 45–64	35.0	6.5
65 and over	58.7	16.2
Percent Married		
Age 45–64	{84.3} (69.7)	{86.5} (74.6)
65 and over	{64.2} (34.7)	{72.8} (35.8)

TABLE 1
SELECTED SOCIAL CHARACTERISTICS OF OLDER PERSONS IN 1970 (Cont'd.)

Characteristic	Chicano	Total White[1]
Percent as Heads of Household		
Age 45–64	56.0	55.2
65 and over	59.0	61.0
Percent of Primary Individual Household[4]		
Age 45–64	12.5	16.4
65 and over	33.4	42.6
Percent of Family Households Headed by Female		
Age 45–64	15.1	9.0
65 and over	19.1	13.4

[1] Total white includes persons of Spanish origin.

[2] Figures in brackets pertain to male data, and figures in parentheses refer to female data.

[3] Median education computed from several age groups within 45–64 years of age and 65 years and over. Average of median education within these age groups is given.

[4] Percentage of persons who were heads of household and not living in family household setting.

Sources: U.S. Bureau of the Census, *Census of Population: 1970 Subject Reports*, Final Report PC(2)-1C, Persons of Spanish Origin (Washington, D.C.: U.S. Government Printing Office), 1973.

U.S. Bureau of the Census, *Census of Population: 1970 General Population Characteristics*, Final Report PC(1) B-1, (Washington, D.C.: U.S. Government Printing Office), 1970.

Nationwide, Chicano elderly resided in urban areas, as do the younger age groups. Urbanization among older Chicanos was greater than for whites. Slightly over 86 percent of older Chicanos were urban based, in comparison to 73 percent for whites.

Statistically, older persons do not represent a substantial proportion of the Chicano population, in comparison to the general population. Nevertheless, the socioeconomic problems facing the older Chicano are very significant both absolutely and relatively, as revealed by an assessment of selected characteristics. For example, educationally, the median years of school completed for Chicanos 45–64-years-old was slightly over 6 years, in comparison to over 11 years for whites. Chicanos lagged educationally about 5 years behind white groups. In terms of high school graduates for the older age groups, it never exceeded 16 percent for Chicanos. Over half of the whites between 45 and 64 completed high school.

In terms of nativity, 41 percent of the Chicanos age 45 years and over were foreign born. The percentage of foreign born increased with age. Over half of the Chicanos 65 and over were foreign versus 15 percent for whites. Additional data on citizenship status are needed for foreign-born older Chicanos to ascertain eligibility implications for governmental income support programs. However, citizenship-status data were available only for all ages and not by specific age groups. Among all foreign born Chicanos, regardless of age, 61 percent had alien status. If citizenship data for all ages can serve as a benchmark for foreign-born older Chicanos, many older Chicanos apparently continue not to have U.S. citizenship.

By marital status and type of household, the living situation varied by age group and sex. In the 45–64 years of age category, about 84 percent of Chicano males and 70 percent of the females were married, in comparison to 87 percent of white males and 75 percent of white females. For those persons over 65, white males had about 9 percent more married persons than Chicano males. Females 65 years and over, regardless of ethnicity, had the lowest percentage of persons married. Over half of the women in this age group were widowed.

According to the U.S. Census, a household head is either a person who is a head of a family or a primary individual, i.e., a person living alone or with nonrelatives only. Chicanos and whites, regardless of age, had nearly the same percentage of household heads as noted in table 1. Of household heads between 45–64 years of age, about 13 percent represented primary individuals for Chicanos and 16 percent for whites. However, there was a greater percentage of primary individual-type households among whites 65 years and older, 43 percent versus 33 percent for Chicanos. On the other hand, female-headed households were more prevalent for Chicanos, regardless of age. Among family household heads 65 and older, 19 percent were female headed among Chicanos, in comparison to 13 percent for whites.

Even though the percentage of older persons who were heads of household did not vary significantly between Chicanos and whites, the types of household head raise some crucial economic considerations. Foremost is the low percentage of primary individual-type households among Chicanos 65 years and older. On the one hand, it is encouraging that elderly Chicanos are sharing a living situation, especially if in a family setting. The family interactions may be an important variable in enhancing mental health. However, if the elderly are living with other persons in group-quarter settings because of financial constraints and are economically dependent upon others, the mental health considerations may be negative. By the same token, the greater percentage of female-headed households among Chicanos is an issue requiring more analysis. The relationship between types of living environment, economic resources, and mental health needs to be explored. In the next section, the economic characteristics of older Chicanos are presented.

Economic Characteristics

In 1969, median income for Chicanos 45–64 years of age was $5,438 for males and $2,049 for females. For both Chicano men and women over 65, median income was below $2,000. Table 2 presents median income by sex and age group. For white males, median income ranged from $9,393 in the 45–49 age group, to $6,979 until 65 years of age. Chicanos thus experience aging with fewer economic resources than whites. The importance of economic resources in determining living situations and quality of life for Chicanos is underscored when examining incidence of poverty. A recent study noted twice the rate of poverty in 1970 for Chicanos 60 years and older in comparison to whites (Bell, D. et al. 1976, p. 35). Depending upon region of the country, the rate of poverty ranged from 28 percent to 47 percent for Chicanos, versus 17 percent to 27 percent for whites (Bell, D. et al. 1976, p. 35).

A substantial portion of Chicano poverty is related to participation in the labor force and low earnings. In examining economic

TABLE 2

MEDIAN INCOME IN 1969 BY AGE AND SEX

Age Group	Chicano Male	Chicano Female
45–64	$5,438	$2,049
65 and over	1,877	1,201
Age Group[1]	White Male[2]	White Female
45–49	9,393	3,767
50–54	8,831	3,776
55–59	8,095	3,634
60–64	6,997	2,547
65–69	3,817	1,608
70–74	2,892	1,525
75 and over	2,229	1,362

[1] Data sources did not present similar age grouping for Spanish origin and whites.

[2] White includes Spanish origin persons.

SOURCE: Refer to table 1.

resources, it is thus important to examine certain selected employment characteristics, as noted in table 3. Among males 45–64 in 1970, Chicanos have a labor force participation rate (L.F.P.R.) of 84 percent, in comparison to 88 percent for whites. For males 65 years and older, L.F.P.R. is about 24 percent for both groups. The L.F.P.R. for females 45–64 years of age was 34 percent for Chicanos and 47 percent for whites. However the L.F.P.R. dropped to 7 percent for Chicanas 65 years and older and 10 percent for white females of the same-age group.

TABLE 3

SELECTED EMPLOYMENT CHARACTERISTICS OF OLDER PERSONS

Characteristics	Chicano		Total White[1]	
	Male	Female	Male	Female
Percent in Civilian Labor Force, 1970				
Age 45–64	84.4	34.4	87.6	47.3
65 and over	24.0	7.4	24.9	9.8

TABLE 3
SELECTED EMPLOYMENT CHARACTERISTICS OF OLDER PERSONS (Cont'd.)

Characteristics	Chicano		Total White[1]	
	Male	Female	Male	Female
Percent Worked in 1969				
Age 45–64	88.6	39.8	91.5	52.6
65 and over	31.7	9.1	35.4	14.0
Percent Unemployed in 1970				
Age 45–64		4.4		
		7.9	2.6	3.5
65 and over	8.5	12.4	4.3	5.0
Percent Worked 50–52 Weeks in 1969				
Age 45–64 66.0 14T	45.4		78.4	57.0
65 and over	43.0	40.2	47.1	39.9
Median Earnings in 1969[2]				
Age 45–49	$6,508	$3,070	$9,549	$4,174
50–54	6,074	2,883	8,945	4,218
55–59	5,397	2,545	8,356	4,207
60–64	5,163	2,333	7,689	4,098
65–69	2,940	1,450	5,092	2,330
Median Earnings Ratios (Chicano/White), 1969				
Age 45–49	0.68	0.74		
50–54	0.68	0.68		
55–59	0.76	0.60		
60–64	0.67	0.57		
65–69	0.58	0.62		
Percent Employed in White-Collar Occupations, 1970				
Age 45–64	14.8	27.7	39.3[3]	57.8
65 and over	14.9	30.3	41.3	53.1

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[1] Total white includes Spanish origin persons.

[2] Data for median earnings and earnings ratios are from the 1970 Public Use Sample Files, extracted from Wilber, George L. et al. *Spanish Americans and Indians in the Labor Market.* Lexington, Ky.: Social Welfare Institute, University of Kentucky, 1975, pp. 153 and 157.

[3] Total white data on occupations are for all workers.

SOURCE: Unless noted otherwise, refer to table 1.

In addition to the labor force participation rate, participation or work effort in the labor market can also be determined from the percentage of persons within a group who work during the year. Nearly 89 percent of the Chicano males 45–64 years of age and 32 percent of Chicano males 65 years and older worked in 1969. Among white males, the rates were 92 percent for the 45–64 years of age group and 35 percent for the 65 years and older group. For females 45–64 years of age, 40 percent of the Chicanas worked in comparison to 53 percent for whites. Over 65 years of age and older, the rate dropped to 9 percent for Chicanas and 14 percent for whites.

Of those who worked in 1969, 66 percent of the Chicano males 45–64 years of age worked 50–52 weeks in comparison to 78 percent for white males within the same-age group. For females 45 to 64 years, the percentage of Chicanas working 50–52 weeks lagged behind whites by about the same level as in the case of males. Among persons 65 years and over, the percentage who worked year round was quite similar for both groups. Unfortunately, data limitations prevent a complete investigation into the factors causing the lower percentage of Chicanos working 50–52 weeks. As noted in table 3, unemployment was 3.7 percent for Chicano males in the 45–65 age group but only 2.6 percent for whites. Disability may also be a possible explanation, but it requires further assessment.

Even though the male groups had similar labor force participation and percentage of persons who worked in 1969, the economic rewards or earnings from work participation were not the same. A recent labor market study indicated Chicano median earnings lagged behind those of whites, regardless of age group (Wilber 1975, pp. 153–57). This earnings differential continues and, for the most part, increases in the later years in the labor market. Table 3 indicates median earnings and earnings ratios between Chicanos and whites. With the exception of the 55–59 years of age category, earnings of Chicano males are less than 70 percent of whites at 40 years of age and remain so until age 65. Median earnings of Chicanos then drop to 58 percent of white earnings.

Median earnings of Chicanas also lagged behind those of whites. However, the relationship between age and earnings is not as clear for females as males. Chicanas earned less than whites within all age groups, but the differentials vary with age. For example, earnings differentials increase with age, reaching approximately 74 percent of white earnings between 45–49 years of age. Afterward, the earnings differential widens between 60–64 years to 57 percent of white earnings. Between the ages of 65–69 years, Chicana earnings are 62 percent of white earnings.

In addition to earnings differentials, Chicanos continue during later work years to be underrepresented in white-collar occupations—professionals, managers, sales workers, and clerical occupations. On the other hand, they are overrepresented in certain blue-collar and manual occupations—craftsman and kindred workers, operatives, laborers, farm laborers, and private household workers. As noted in table 3, among males 45–64 years, about 40 percent of all workers are in white-collar occupations in contrast to only 15 percent for Chicanos. Underrepresentation in white-collar occupations is also evident among Chicana females and it continues as one would expect into the 65 years and older group for both males and females.

Over half of the occupations held by Chicano workers 45–64 years of age were in three industries: wholesale and retail trade (17.3 percent), agriculture (11.5 percent), and manufacturing (22.0 percent) (U.S. Bureau of the Census 1970, p. 95). With the exception of agriculture, the overrepresentation of Chicanos in industries such as wholesale and retail trade and manufacturing is likely to continue in the future. A priori one would expect these industries, especially wholesale and retail trade, to lack significant trade union representation. In manufacturing, unionization is more predominant on a national basis. Union activity in this industry, however, varies by region and size of firm. Most Chicano workers engaged in manufacturing firms are more than likely to be employed in nonunion companies. If more extensive fringe benefits are prevalent in union firms versus nonunion ones, Chicanos are likely to be employed in firms not providing adequate old-age and disability coverage. Consequently, the availability and extent of fringe benefits and pension plans in industries associated with Chicano employment need to be determined.

The economic profile presented indicates older Chicanos are not able to obtain benefit from the work place similar to other workers. A higher incidence of poverty, discrimination, and fewer economic resources may result in lower self-esteem and mental despair among older Chicanos. Economic factors thus contribute to overall mental health. For older Chicanos, efforts to seek health services to remedy mental problems are blocked by lack of resources. For example, Chicanos are more than likely to be concentrated in industries and occupations not associated with health insurance or other related fringe benefits. Thus, a more complete understanding of the interaction between work, job discrimination, and mental health is needed. It is also important to recognize the financial barriers involved for older Chicanos in seeking health services.

Economic Implications of Aging

The Chicano population is relatively young. Yet, a socioeconomic overview revealed older Chicanos have substantial economic needs requiring specific attention. Chicanos face aging with fewer economic resources than the general population. Economic insecurity for older Chicanos is caused not only by the relationship between earnings and age but by a multitude of other factors—discrimination, lack of formal education and training, immigration, language barriers, and lack of trade union representation. Thus, elderly Chicanos do not gain full access to economic resources available in the labor market because of ageism and ethnic discrimination.

The lower income and higher incidence of poverty among older Chicanos constrain their ability to purchase adequate housing, proper nutrition, health care services, and transportation. Reliance on governmental programs to meet these basic necessities raises three important research issues: (1) general availability, (2) overall effectiveness in meeting needs of older Chicanos, and (3) contribution in improving mental health status. A thorough assessment of these issues is not the objective of this paper. Nevertheless, it is worthwhile to review some of the major studies and general data that focus on economic needs of older Chicanos.

In the health care area, a complete assessment of mortality and morbidity rates for the Chicano elderly is hindered by a lack of data. Most projections on Chicano mortality center on the common estimate that the life expectancy of a Chicano migrant farmworker is only 48 years. While the health care problems of farmworkers are indeed serious and warrant attention, the estimated life expectancy of a migrant does not completely describe the health care needs of the majority of Chicanos who are urban based and engaged in nonagricultural employment.

To be sure, the few health status studies on Chicanos indicate a lower life expectancy and higher incidence of illness. These studies are generally confined to certain areas of the country and do not address the unique health care problems of the elderly (Roberts and Askew 1972, pp. 262–70; Gomez 1976). Consequently, the specific mortality and morbidity rates for the general Chicano population, or obviously for the specific case of the elderly, are not known. In short, the conclusion regarding health care reached by the Rand Corporation is worth noting:

> There appear to be no studies of health among Mexican–Americans which make use of intensive medical examinations. The low socio-economic status of Mexican–Americans would suggest that their needs for Medicare would not be

> greatly less than the needs experienced by other ethnic groups, and are probably greater (Bell et al. 1976, p. 40).

In comparison to health studies, more information is available in two other major areas: housing and transportation. A study on the housing needs of elderly Chicanos in San Antonio found they were satisfied with housing despite the substandard conditions of their homes (Carp 1969, pp. 20–24). Using data from public use sample census files, the Rand Corporation noted a higher incidence of substandard housing among Chicano elderly (Bell, D. et al. 1976, pp. 38–40). Prevalence of substandard housing varied from region to region of the country. In southern States, substandard housing for Chicanos 60 years and older is as high as 37 percent, compared to 10 percent for a white comparative group.

Transportation is another problem, as noted by the White House Conference on Aging, compounded by inadequate income and language barrier (White House Conference 1971, p. 3). Transportation expenditures and type of transportation use among Chicano elderly are areas of study requiring attention (Carp 1972, pp. 57–65). Many services required by the elderly in such areas as health care and housing are closely related to the issue of transportation. Further research is needed not only on the transportation needs of Chicano elderly but also in the other areas already mentioned. However, in the final analysis, the close relationship between income and need for such services must be kept in mind. As one health care worker in a recent conference very perceptively noted:

> ...The total life style of the elderly Mexican American is affected by a low income level. Many cannot afford to buy foods for properly balanced diets or to pay for the necessary medicines when they become ill. Without money or adequate transportation, the elderly are trapped in the *barrio*. The elderly remained isolated, lonely, and trapped in an ugly environment... (Davis 1973, p. 30).

The role of income is thus crucial in providing basic necessities to maintain an appropriate quality of life and adequate mental health. In the next section, the income support-related programs available to Chicano elderly are reviewed.

Income-Related Support Programs

To the economically disadvantaged Chicano elderly, the importance of income support programs is foremost in enhancing the quality of their lives. One cannot overestimate the significance of income support programs, such as pension plans, retirement programs, Social Security, Medicare, public housing, and food stamps, to meet basic economic needs. While a review of all relevant old age assistance programs extends beyond the scope of this paper, certain key observations are cited. A more detailed analysis of Social Security and the Chicano elderly will be presented in the next section.

In reviewing income support programs in general, four institutions can be identified as potential sources of income: the family, the church, the labor market, and the government (Crouch 1972, pp. 524–27). Within this framework, the family and church are viewed as private sources of income support. On the other hand, the labor market and government can be viewed as quasi-public/private sources of income. The labor market is viewed as a source of institutional income support because of the "job economy" concept described earlier. In other words, one's particular possession of a certain job yields certain income retirement-related benefits, such as a pension plan, health insurance, and disability insurance. The labor market consequently can be viewed as a private institution providing economic support during old age. However, the government may augment income support programs obtained from previous work efforts. Governmental programs such as Social Security and Medicare are viewed as semi-public/private ones because they can require individual financial contribution and/or previous work experience as program eligibility conditions.

A study of the perception of Chicano elderly in west Texas as to type of institutional support (labor market support excluded) indicated the government should play the lead role in providing old age assistance (Crouch 1972, pp. 524–529). Contrary to expected results, the family as a source of financial support was not listed as having any obligation by two-thirds of the elderly Chicano sample. The perception is not surprising, since both the family and church have limited resources. Given the economic performance of Chicanos in the labor market noted earlier, the continual reliance on the labor market or job economy to provide adequate pension plans, health care programs, disability payments, and retirement programs is at best dubious.

It appears that, compared to other workers, Chicanos are unable to obtain adequate old-age income security programs from the labor market. Unfortunately, the hypothesis is not subject to empirical testing because of data source inadequacies. For example, old-age fringe benefits by Spanish origin worker are not available. However, some general conclusions from a socioeconomic and employment profile reveal support for this hypothesis. These findings include:

1. Concentration of Chicanos in certain occupations and industries, such as retail trade, and service industries not generally associated with extensive fringe benefits
2. Concentration of Chicanos in "secondary labor markets," especially in manufacturing, that are associated with lack of unionization, lower wages, less fringe benefits, and high turnover rates (Bluestone et al. 1973, pp. 28–30)
3. Lack of union representation among Chicano workers as possible leverage to acquire old-age assistance support programs
4. Language-barrier and citizenship obstacles may hinder full participation in old-age assistance programs obtained in the labor market

These observations regarding the constraints on Chicano workers in obtaining old-age income assistance programs from their employment are only tentative. Therefore, fringe benefit data should be collected to permit a full examination of the hypothesis listed. Nevertheless, the financial source perception of Chicano elderly and the lower economic status of Chicano workers clearly indicate government must play a prime role in generating income support programs and enhancing labor market opportunities.

Social Security and Old-Age Assistance

In 1968, payments from coverage under Social Security or railroad retirement, deceased insured workers, or disabled workers represented a mean family income of $1,384 for Chicano headed households. For white families, mean family income from similar sources was $1,658.[5] In addition to payment differentials, a Rand Corporation study noted different rates of Social Security coverage for Chicanos and whites by region and age (Bell D. et al. 1976, pp. 35–36). Table 4 summarizes selected Social Security characteristics. In the South, Chicanos have a higher percentage of persons receiving Social Security benefits than whites, except for the 73 years and older group. Social Security coverage is also more prevalent for the 64 years of age group. In the West, the opposite pattern holds, and Chicanos have a lower percentage of persons receiving Social Security benefits than whites, regardless of age. Coverage, however, increases with age.

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[5] Mean family income from these sources is for all heads of household and does not control for age. The assumption is that it reflects some proxy indicator for retirement pay or disability payment of an older worker. Source of data is from U.S. Census, *Persons of Spanish Origin, op. cit.*, p. 121 and U.S. Census, *Census of Population: 1970 General Population Characteristics* (Washington, D.C.: U.S. Government Printing Office) 1970.

TABLE 4

SOCIAL SECURITY BY COVERAGE, TYPE, AND AMOUNT OF BENEFIT FOR SELECTED REGIONS

	Selected Regions[1]			
Persons Receiving Social Security Benefits in 1970[2]	West Chicano	 White	South Chicano	 White
Age 60–64	20.2	18.8	23.0	22.4
65–72	62.6	74.8	76.1	72.9
73 +	80.0	86.4	65.6	84.9
	Southwest States			
Persons Receiving Social Security Benefits, July 1971	Total	Number with Spanish Surname		Percent with Spanish Surname
	4,231,400	410,369		9.7
Type of Benefit Received, July 1971				
Retired workers	2,166,700	151,824		7.0
Disabled workers	271,000	29,073		10.7
Wives and husbands	463,700	47,244		10.2
Widows and widowers	472,600	30,023		6.4
Disabled widows and widowers	8,100	783		9.7
Widowed mothers	80,700	15,210		18.8
Parents	3,500	673		19.4
Special age-72 beneficiaries	70,700	4,710		6.7
Children	694,400	130,829		18.8
Average Monthly Dollar Amount Received by Selected OASI Benefit				
June 1972	Total	Persons with Spanish Surname		Other[3]
Retired workers	$131.00	$116.40		$132.20
Widows and widowers	112.40	98.40		113.40
Special age-72 category	47.30	47.50		47.30

TABLE 4
SOCIAL SECURITY BY COVERAGE, TYPE, AND AMOUNT OF BENEFIT FOR SELECTED REGIONS (Cont'd.)

	Total	Persons with Spanish Surname	Other[3]
	California		
Retired workers	$136.10	$127.60	$136.70
Widows and widowers	116.70	107.50	117.20
Special age-72 category	47.30	47.40	47.30
	Texas		
Retired workers	$120.80	$101.40	$122.60
Widows and widowers	105.70	90.10	107.00
Special age-72 category	47.50	47.70	47.40

[1] Selected Region, i.e., West and South, is part of the four regions in the United States by the 1970 U.S. Census. For Chicanos, the major States are California, Arizona, New Mexico, and Colorado in the West, and Texas in the South.

[2] Data for percent of persons receiving Social Security Benefits are from 1970 Census files and are extracted from Bell, Duran, et al., *Delivering Services to Elderly Members of Minority Groups: A Critical Review of Literature* (Santa Monica, Calif.: Rand Corporation), April 1976, Table 3.2, p. 36.

[3] The "other" category includes all beneficiaries who do not have Spanish surnames.

SOURCES: Unless noted otherwise, the data on Social Security Beneficiaries are taken from:

Schmulowitz, Jack. *Spanish Surnamed Social Security Beneficiaries in the Southwest*, Research and Statistics Notes No. 28, Social Security Administration, Office of Research and Statistics, 1972, Table 2, p. 7.

Stepanovich, George. Social Security beneficiaries with Spanish surnamed in the Southwest, *Social Security Bulletin*, Vol. 39 (October 1976), Table 3, p. 51.

Several factors have been suggested as possible contributors when Social Security participation by Chicanos is low. These factors include language barriers, mistrust of government agencies, citizenship status, and employment in certain occupations and industries that have only recently gained Social Security coverage (Gardner 1977, pp. 15–17). Limited information and data have prevented a complete study on barriers to participation in income support programs by Chicano elderly. Nevertheless, some information is available on Social Security beneficiaries with Spanish surnames residing in the five Southwestern States (U.S. Dept. of Health, Education, and Welfare 1972). Since "Spanish surname" in the

Southwest for the most part implies "Chicano," the Social Security data available can be used to generalize about Chicanos.

In July 1971, data on Social Security beneficiaries by Spanish surname became available for the first time (Schmulowitz 1973, pp. 33–36; Stepanovich 1976, pp. 48–53). A total of 410,369 Chicanos were receiving monthly Social Security benefits, representing 9.7 percent of all Social Security recipients in the Southwest. As noted previously, table 4 lists selected Social Security information. An additional 135,000 persons without Spanish surnames, but with Spanish heritage, were also estimated to be receiving benefits. Analysis by type of benefit shows a low percentage of persons with Spanish surnames receiving either retirement or special age-72 benefits. The low participation of Spanish surname beneficiaries reflects not only the relatively younger Chicano population but also possible participation barriers. Since the main emphasis is on Chicano elderly, major attention is on retired workers and special age-72 categories. Nevertheless, certain Social Security benefit categories such as disabled, and widows and widowers contain older Chicanos as well.

Slightly over 9 percent of persons receiving Old-Age and Survivors Insurance (OASI) in June 1972 had Spanish surnames, accounting for 7.4 percent of total benefits paid (Stepanovich 1976, p. 49). Table 4 outlines average monthly OASI payments in the Southwest and selected States. Chicanos under all types of OASI benefit coverage lagged behind the total population in terms of average monthly payments, except in the special age-72 category. Average monthly amount to retired Chicano workers was $116.40 in comparison to $132.20 for non-Spanish surnamed. Average payments to retired Chicanos varied by State, ranging from $101.40 in Texas to $127.60 in California.

Additional analysis of Social Security data pertaining to Chicanos is required to ascertain the factors influencing participation and the lower average monthly benefits under OASI. A study on the benefit/cost of Chicano participation in Social Security is needed, given the lower life expectancies, shorter working life, and participation of illegal aliens who are fearful of collecting benefits. For example, one study notes that reduced Social Security benefits of Chicanos can be attributed to lower earnings, family size, and limitation of the maximum family-benefits provision (Schmulowitz 1973, pp. 35–36). However, the Social Security formula also favors workers with limited earnings partially concealing the total discrepancy in payment. The importance of income support programs for Chicano elderly mandates that research focus on these issues.

Income and Mental Health

Quality of life is influenced by one's income, and, to the elderly, the relationship between income and mental health is vivid. For minority groups who face aging with fewer economic resources and who encounter potential barriers to income support programs, aging can only be viewed in terms of physical and mental despair. Discrimination continues to reduce the economic resources and eligibility of income support programs available to the older Chicano worker, even after withdrawal from the labor market. If the mental health of older Chicanos is of concern to policymakers, Chicanos must be insured of adequate-income support programs. Furthermore, Chicano workers must have the same opportunities to participate in the labor market and obtain retirement-related benefits. Mental health status is thus not only tied to the aging process, but compounded by a lack of economic resources.

Policy Suggestions and Areas of Further Research

The socioeconomic situation of elderly Chicanos is vividly noted by the U.S. Senate, Special Committee on Aging:

> Elderly Mexican–Americans are among the most economically deprived in our nation today, but they are among those least likely to receive the benefits of Federal programs (Reynoso and Coppelman 1972, p. III).

From a policy and research point of view, the central questions are:

1. What factors contribute to economic deprivation?
2. How does economic inequality influence mental health?
3. How does a lack of economic resources influence participation in mental health programs?
4. Why are Chicano elderly not likely to receive benefits of income support programs?

Even though additional research is needed to answer these questions, the central theme remains: Chicanos face the prospect of aging with less economic resources and have substantial need in such areas as health care, housing, and transportation.

A better understanding is nevertheless needed of the relationship between income, mental health, and aging. Particularly, interdisciplinary research on Chicano elderly is required in the following areas:

1. The economic needs, especially in the area of health care, require more intensive documentation and research. Does poor health among Chicanos lead to early physical deterioration and therefore a much more rapid aging process?
2. How much does income as well as employment influence physical deterioration of aging, self-esteem, and overall mental stress? For example, can meaningful employment beyond retirement reduce nursing home services or mental hospital admissions?
3. What impacts does income have on cultural values, particularly attitudes toward older persons? For example, will increased income among older persons and other family members mean a greater tendency to rely on institutional care such as nursing homes?
4. Participation of Chicano workers in private pension and retirement programs needs to be ascertained. Given the industrial and occupational distribution of Chicano workers, it needs to be determined whether this distribution has an impact on income support programs.
5. More research is needed on the economic benefit/cost of Chicano participation in Social Security.
6. An assessment of citizenship status both as a legal barrier and perceived barrier to participation in income support programs among Chicanos is warranted.
7. Labor force participation of Chicanas is increasing in the labor market. Additional research on the female aspects of Chicano elderly is needed, given the higher number of females living alone and the greater proportion of elderly women.
8. The attitudes of Chicanos toward the world of work and concept of retirement should be explored. Given the importance of legislation designed to eliminate mandatory retirement, it would be worthwhile to study whether Chicanos continue to work out of choice or economic necessity.

Unfortunately, research in the above areas is limited by few public data sources on Chicanos. The public use sample census files should be used to analyze in detail the economic situation of the Chicano elderly. In addition, Social Security officials should use the Spanish origin concept as a way to identify Chicano beneficiaries, and they should also expand data collection on Hispanics to other regions beyond the Southwest States. The Government should encourage or require private institutions involved in retirement and pension plans to collect information on Chicano participation. While Chicano elderly may not be numerically greater than the white older population to warrant special data collection and policy efforts, it is apparent that their economic needs are sufficiently great to command immediate attention.

Attention should also be on determining the broader relations between general conditions of the economy and mental illness, especially among the elderly. A framework for this analysis has already been developed to isolate the impact of economic conditions on (1) society's tolerance toward mental illness, (2) the use of mental hospitals as almshouses, and (3) the development of mental health disorders (Brenner 1973, p. 226). Specifically, the mental health issues raised within this framework for Chicanos are:

1. If economic conditions worsen, evidence indicates society's tolerance for mental illness is reduced and mental hospital admissions among the young and elderly increase. (Brenner 1973, p. 113). An assessment of this relationship to Chicano elderly needs to be studied. Elderly Chicanos may thus be institutionalized not for mental health reasons but for economic ones.
2. If economic conditions improve but, because of discrimination or other obstacles, Chicanos do not share this socioeconomic improvement, it may adversely influence self-esteem (Brenner 1973, p. 236).
3. The stigma of second-class citizenship status—economically, socially, and politically—for many generations among Chicanos can only deteriorate mental health. Recent government efforts to deport illegal aliens on a more aggressive scale and society's attitudes toward illegals may result in both physical and mental harassment of Chicanos. This harassment in the form of "citizenship" checkpoints and "neighborhood roundups" can increase mental health disorders and reduce participation in governmental income programs.

Within the mental health field, studies are needed to document the influence of economic conditions on Chicano mental health. Data on mental hospital admissions, mental health visits, and incidence of mental disorders by age, sex, and ethnicity should be collected. Mental health practitioners who are in contact with elderly Chicanos should recognize the economic influence on mental health and document the impact based upon their professional experience.

Despite the limited studies and research on the economic problems of Chicano elderly, certain policies can be formulated to ameliorate their plight. These policies include the following:

1. Expansion of economic opportunities for Chicano workers, regardless of age, in the labor market. Lack of economic resources for elderly Chicanos is closely tied to their previous labor market experience. Such efforts should include affirmative action, antidiscrimination litigation, and enhancing educational and training opportunities for Chicano workers.
2. Trade union activity should be encouraged in industries where Chicanos are employed in substantial numbers. Many States with substantial Chicano population have "right to work" laws which hinder unionization. Efforts to increase unionization will insure adequate retirement and pension programs.
3. Given the past and current stigma of noncitizenship status among many Chicanos, income support programs should explore the use of a work experience or residential experience record in the United States as a method of determining program eligibility. Current citizenship requirements may cause many elderly Chicano citizens to be reluctant about applying. In addition, many "illegal" aliens have contributed to retirement and pension plans for which they will never receive benefits.
4. Since many income support programs are based upon work experience and contributions, the government should explore the use of economic need or financial adequacy as a basis for income support payments. Elderly Chicanos have faced considerable labor market discrimination and should not be subject to double payments, i.e., reduced earnings during work life and reduced benefits during retirement.
5. Income support programs or programs providing services to the elderly should reflect the cultural and social values of the population served. Participation and overall effectiveness of the program can be enhanced by having Chicano personnel and program objectives that are consistent with cultural values.

These policy considerations recognize that the mental health problems of Chicano elderly are not only based on ageism but also are economically rooted in the labor market. To raise the quality of life of Chicano elderly will require adequate income support programs and enhanced economic opportunities. To implement these efforts, a concerted effort will be required from the elderly, Chicano activists, social researchers, mental health personnel, and policymakers. The concerted effort will be enhanced by the recognition that social, political, and economic factors permeate mental health in a systematic and complex manner.

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Chapter 6

Service Delivery and Mental Health Services for Chicano Elders

Israel Cuellar, Ph.D.

Abstract

The intent of this paper is to determine the premises and underlying values of Mexican and Anglo service delivery systems in order to identify differences which create problems in the use of services by Chicanos. A broad range of linguistic and sociocultural factors which are believed to affect the delivery of mental health services are discussed. Social and cultural factors are believed to affect all aspects of the delivery of mental health services, including the establishment of services and the philosophy of care incorporated into human service organizations. On the individual level, culture is believed to play a significant role in determining what constitutes a mental health problem, how it is defined, its believed cause, and how it is manifested and treated. Mexican–American cultural characteristics and values are in numerous instances quite discrepant from those incorporated in existing mental health systems. This is especially so for older, unacculturated Mexican–Americans.

Mexican–American elders are believed to be particularly at risk of developing mental health related problems due to a combination of socioeconomic, cultural, and aging factors. There is some evidence to support the hypothesis that Mexican–American elders have a higher treatment prevalence rate than younger age groups and that linguistic and cultural programing is especially needed for this age group.

Introduction

The intent of this chapter is to examine mental health service delivery for Mexican–American elders. The main focus is on mental health system characteristics and how they interface with Chicano cultural characteristics, so that differences which create barriers to use can be identified. Macro- and micro-level characteristics are discussed, because both anthropological and psychological perspectives are essential to the understanding of cultural impacts on mental illness and its treatment. Thus, the approach used describes some of the interrelated characteristics of individual disorganization at a psychological level in older Mexican–Americans, with its manifestation and treatment as determined by social and cultural variables. Although the emphasis is mainly on older Chicanos, characteristics applicable to Chicanos as a whole are also discussed, as in many cases Chicano elders are a special case of Chicanos in general. Whereby it is the intent of this chapter to stimulate thinking and generate hypotheses regarding future research in the field, no attempt is made to exhaust either the issues or the content discussed.

Service Systems and Cultural Pluralism

Culture can have a significant impact on the manner and the extent to which mental health services are used. It can play a significant role in determining what constitutes a mental health problem, how it is defined, its believed causes, how it is manifested, and how it is treated. There is a slowly building body of evidence about differential use of human service facilities by different ethnic groups (Martinez 1977; Ruiz and Padilla 1977; Giordano and Giordano 1976; Padilla, Ruiz, and Alvarez 1975; Padilla and Ruiz 1973). Public institutions as a whole have been under fire recently for not responding in a pluralistic fashion to the needs of a pluralistic society (Giordano and Giordano 1976). Service systems have been accustomed to delivering services in an impersonal, bureaucratic manner. Mental health services, for example, have been guilty of providing services modeled after middle-class values which clearly do not meet the needs of all people. Mexican–American cultural characteristics and values can in numerous instances be quite discrepant from those incorporated in existing service delivery systems.

Human service systems in the American model of health care are designed to meet certain needs in the community. Culturally different people and the elderly require different treatment systems because needs vary for different populations and communities. Unfortunately, the kind of flexibility required in service delivery systems to meet the needs of specific ethnic groups is often lacking. In the case of Mexican–American elders, the research base on mental health needs is weak. Very little is known about incidence, prevalence, or utilization rates. What is basically known is that Mexican–American elders are not receiving proper care, based on information on how Mexican–Americans in general use services (Padilla, Ruiz, and Alvarez 1975). If the ultimate goal of the American mental health model is prevention, then its failure is made even more evident when a specific group such as Mexican–American elders is examined. Realistically speaking, most mental health services are coping simply with the task of handling casualties and have not yet addressed the problem of prevention.

In providing services to the vast numbers of individuals with mental disorders, a certain kind of ecological balance is established between need, or perceived needs, and the services which the larger society is both willing and able to provide. Societal or cultural variables can influence all aspects of this ecological relationship, including need or perceived need and the degree of effort which the society or community is both willing and able to make in order to meet the human service needs of its people. Sociocultural variables could influence intervention strategy in that the way problems are perceived could possibly influence resource allocation. Attitudes toward primary prevention and secondary and tertiary intervention could in some instances be socioculturally determined. Service delivery systems employed to meet mental health needs are thus the result of an extremely complex set of interrelated factors, including economic, political, social, technological, and cultural variables.

It is the premise of this chapter that culture forms the highest level of integration of human behavior. This perspective was first described by Pasamanick (1953), when he stated that human behavior can be viewed, described, or explained along different levels of analysis (psychological, physiological, social, and cultural) and that each of these distinctly different levels of operation has its own laws of organization. There is a certain amount of integration that takes place within each of these levels, and there is a gradient of interactivity among the various levels. He also explains that higher levels influence lower levels (the former being composed of units of the latter, e.g., society composed of individuals). In this perspective, the role of culture in structuring society and influencing individual behavior is most important. Thus, the influence of culture is believed to be major, influencing almost all that we do.

Our public institutions form a major component of our culture. When these institutions are not designed properly, they do not accomplish their mission. When this occurs they are ineffective at best, as is the case for Mexican–American elders, and at worst can actually produce casualties themselves. Establishing effective public institutions of all kinds may thus be the first meaningful step that can be taken toward prevention of mental disorders. To accomplish this, public institutions of all kinds, and human service organizations specifically, must take into account the pluralistic nature of our society and the specific needs of different social, cultural, and age groups.

Mental Health and Older Mexican-Americans

Mental health service delivery systems have only recently begun to respond to the needs of older people, and then all too frequently fail to recognize the diverse character of the aged. The aged are extremely diverse in regard to their value systems, education, socioeconomic status, income patterns, health, ambition, independence, etc. The stresses of adapting and coping to life's changes affect different ethnic groups, different socioeconomic groups, and different age groups in specific ways.

Older people have to cope with many factors which have been shown to be highly correlated with mental health problems. Among these are physical illnesses, hospitalization, bereavement, loneliness, isolation, immobility, pain, unemployment and forced unemployment, age discrimination, reduced income, and criminal victimization (*Report of Task Force On TDMHMR Services to Older Adults* 1976). At the same time, older people are often undergoing a reduced capacity to respond to certain stresses, due to losses in perceptual abilities and physical strength, onset of senility, or simply the loss of social support networks.

The process of aging is dealt with in psychologically unique ways by older Mexican–Americans as well as by other sociocultural groups. Attitudes toward death and dying, for example, are socioculturally determined and thus influence coping strategies. Sociocultural practices related to family roles, sex roles, and religion can have adaptive or maladaptive consequences for older people. Mental illness is culture-specific, i.e., what is abnormal in one culture may not be so for another. This is as true for older age groups as it is for younger age groups. Perhaps, because older people tend to cling to traditional values, attitudes, practices, customs, and so forth, cultural factors play an even greater mental health role than in younger age groups.

In general, it is believed that Mexican–Americans as a whole are at greater risk of incurring mental health problems than certain other ethnic groups because of their low socioeconomic status, problems of acculturation, migration, language barriers, and history of discrimination and prejudice. However, the present state of knowledge neither confirms nor disproves the hypothesis that there is a higher incidence (or prevalence) of mental disorders among Mexican–Americans.

Older populations are believed to have an increased incidence of numerous events or conditions which correlate highly with mental problems (*Preliminary Report of the President's Commission on Mental Health* September 1977; *Report of Task Force on TDMHMR Service to Older Adults* 1976). At present, there is no evidence to believe older age groups have a decreased incidence of mental illness. On the contrary, older populations are believed to have an even greater incidence of mental health problems. Thus, for older Mexican–American populations there well might be a multiple effect of aging and socioeconomic and cultural factors which produces an especially high risk of developing mental problems. This hypothesis, however, has yet to be tested empirically.

It is of interest to note that, in a national research study conducted by Bachrach (1975), it was found that, despite the lower overall use of mental institutions by Spanish–Americans when compared with other ethnic groups, the age-specific admission rate for Spanish–Americans age 65 and older was 278 per 100,000 population. This exceeded both the rates for other whites and nonwhites which were, respectively, 127 per 100,000 and 250 per 100,000 population. It should be pointed out, however, that Puerto Ricans, Cubans, and other Spanish-speaking populations were included in the Bachrach study, even though Mexican–Americans make up the largest portion of Spanish–Americans in the United States. Bachrach's data strongly suggest the possibility that Mexican–American elders may be particularly at risk of developing mental health problems. Bachrach's data, as well as data reported elsewhere in this chapter which show relatively high rates of use of mental health services by Mexican–American elders, have major implications for commonly held views of the role of Chicano families as support systems for the elderly. The traditional view is that Mexicans care for the elderly via the extended family. This view may be in error. Family support systems, which have often been hypothesized as factors which counter the use of mental health facilities by Chicanos, perhaps don't operate as effectively for older Chicanos as they do for younger age groups.

Mental Illness Ideology

At the basic level, what is considered abnormal behavior in one culture may not be so for another. One need not refer to distant cultural groups and their norms to exemplify this point. Sociologists have demonstrated that juvenile delinquency may be the norm for youthful males growing up in particular neighborhoods; yet, they are often treated as psychiatric patients by social institutions composed of individuals from the dominant society which view delinquency as a psychological disorder.

Significant cultural differences in the definition, tolerance, or treatment of abnormal behaviors are also quite probable for different generations within the same ethnic group. This is most likely to occur where there are significant acculturation differences between generations, as is often the case for Mexican–Americans. The entire area of cultural differences in definition of "abnormality" and the implications of such for the treatment of mental disorders in Mexican–American elders is open to research.

One important cultural difference between Mexican–Americans and Anglos is that the Mexican culture does not dichotomize psychological or emotional disorders from somatic diseases as does the Anglo culture (Rubel 1960). Additionally, somatic diseases may have unnatural or supernatural causes according to many (mostly unacculturated) Mexican–Americans. These two differing views of illness can play havoc with mental health professionals attempting to deliver traditional mental health services to Chicanos.

If mental health disorders are viewed as a disorder of the "nerves," as they often are by Chicanos, treatment based on a model which views mental disorders as medical, or physical, illnesses would at least intuitively appear to be compatible with some Chicano precepts of mental illness. In a pilot study of perceptions of mental illness among elderly Chicanos (Cook 1977),[1] it was found that reference to a problem of "nerves" *(Los Nervios, Nerviosidad)* was quite a common response (38.5 percent) in explanation of the symptomatology of depression. Chemotherapy for serious mental disorders, such as psychosis and schizophrenia, appears to be quite well accepted by Chicanos as a treatment modality, although not necessarily as an exclusive treatment modality. This is based on the impressions and experiences of the staff from the Bilingual/Bicultural Treatment Program located in the San Antonio State Hospital.[2] The impressions from the staff of the program also are that there is a high respect for medical doctors within the Chicano community. The extent to which general practitioners are used by Chicanos for mental health problems is not well known. The family physician is believed to play an active receiving and sustaining mental health role in at least one Mexican–American community studied (Karno, Ross, and Caper 1969). The notion that mental disorders are sometimes seen as being one and the same with physical illnesses can, and does, have major significance in regard to treatment. Some of the ramifications of this ideology are discussed later in this chapter. Ironically, the notion that mental disorders are one and the same with physical disorders is more in congruence with the medical model than it is with a community mental health or public health approach to mental disorders.

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[1] The methodology used by Karen Cook ("Perceptions of Mental Illness Among Elderly Chicanos," unpublished social work research study, Our Lady of the Lake University, April 1977) to obtain perceptions of depression among Chicano elderly was to present the following vignette followed by a series of questions in Spanish such as, "What do you think about this woman?"

> **Mrs. Gonzales is nearly 50, has a nice home and her husband has a good job. She used to be full of life; an active, busy woman with a large family. Her children are now grown and in recent months she has changed. She sits and broods for hours, blames herself for all kinds of bad things she thinks she has done, and talks about what a terrible person she is. She has lost interest in all the things she used to enjoy, cannot sleep, has no appetite, and paces up and down the house for hours.**

The notion that there are both natural and supernatural causes of mental illness also has significance in the treatment of Chicano patients. Because some Chicanos believe in both natural and supernatural causes of mental illness, religious modalities which have influences over supernatural forces take on particular importance.

By supernatural causes I am referring to acts of the devil or evil forces, spirits, hexes by *brujos,* or punishment from God for past wrongdoings, etc. These explanations are generally held to be of a superstitious nature by American-trained clinicians who either choose to ignore them or see them as impediments to treatment. Such attitudes, however, only serve to alienate consumers when their beliefs and values are rejected or ignored.

Some Mexican–Americans believe in witchcraft and often perceive psychosis or other psychological disturbances to be the result of some hex (Kiev 1968). To remove a hex, the aid of a *curandero* or *curandera* is often sought. A *curandero/a* is a Mexican–American folk-psychiatrist or folk-healer who relies heavily upon religious beliefs and traditional folkways of perceiving and treating both medical and mental disorders. Often the *curandero/a* is believed to have a healing gift from God and is able to have ways of counteracting evil forces, such as those from a *brujo/a*. The *brujos/as* receive their power from the devil. *Brujos/as* have the power (black magic) to inflict or bring about bad luck, suffering, ill health, mental disorders, and even death.

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[2] The Bilingual/Bicultural Treatment Program at the San Antonio State Hospital is a specialized research and treatment ward for Mexican–American schizophrenic patients who speak primarily Spanish. It has been in operation since 1973, funded by both State and Federal funds.

Psychosis, as well as less severe forms of mental health disorders such as depression and phobias, is sometimes attributable to *susto* which literally translated means "fright." Cook found that approximately 20 percent of elderly Mexican–Americans surveyed living in a barrio in San Antonio explained depression as being the result of *susto*. A near-death experience in its extreme form, such as almost drowning, can also produce the onset of this condition. Acute cases are generally considered more amenable to treatment than an old case of *susto* and can be treated by medical practitioners, mental health professionals, *curanderos,* clergy and home remedies, depending on the severity and cause. *Susto* can also be caused by supernatural forces or be related to supernatural phenomena, as when spirit possession occurs in combination with *susto.*

Mental health services in the United States do not provide treatment approaches for individuals who are believed to be hexed, under the influence of a *brujo* or *bruja,* or for individuals who are suffering from *susto*. For this reason it is not unusual for some Chicanos in certain communities to use folk-healers exclusively or in combination with mental health professionals for certain mental conditions (Meyer 1977; Weclew 1975; Edgerton, Karno, and Fernandex 1970; Kiev 1968).

Gomez, Martin, and Gibson (1976), in their survey of 200 elderly Mexican–American men and women living in a San Antonio barrio, found Chicano elders had considerable knowledge and practice of folk-curing. Some 70 to 80 percent of the men and women, respectively, had knowledge of medicinal herbs and folk illnesses. It was concluded that folk-curing was a common practice, particularly among the elderly.

The use of alternative kinds of community resources such as those just mentioned, including family networks, folk healers, priests, ministers, general practitioners, etc., for the treatment of mental disorders by Chicanos is the result of long-standing cultural practices, beliefs, and world views. It is possible that the underuse of traditional mental health services by Mexican–Americans, which has been consistently reported over the past 20 years, could be a direct result of the use of such culturally relevant alternative kinds of mental health care.

Rieff (1967) has pointed out an interesting element that enters into the alienation seen between lower class clients and mental health services. He attributes this alienation to a difference in ideology. He explains that, for most mental heath professionals, mental illness is seen as an extreme opposite of normality. Mental health and mental illness are seen as a continuum, while for the lower socioeconomic client, mental health and mental illness are not related to each other but are two discontinuous phenomena. Only the extreme form of mental illness, namely psychosis, is considered by the lower class client as mental illness. This difference in ideology which Rieff describes between providers and certain consumer populations also characterizes the situation for Chicano populations. Some Chicanos define mental illness narrowly and do not view broadly defined mental health problems, such as problems in living, as being psychological in nature. Mental health professionals who treat "crazy" people are not necessarily seen by Chicanos as the same resources for resolution of problems in living. Simply stated, severe forms of mental illness are viewed by some, perhaps less acculturated, Chicanos as medical problems, while less severe forms are often not viewed as being psychological in nature. Consequently, established service delivery systems which do not emphasize medical or chemical intervention, and which concentrate on traditional therapies and counseling, are probably viewed by some less acculturated Chicanos as not very effective for serious mental disorders. Traditional mental health services may also, perhaps, be viewed by some Chicanos as inappropriate for broadly defined mental health problems such as certain personality disorders, behavioral disturbances, emotional problems, and problems in living, as these are not necessarily defined as psychological in origin.

Use of Mental Health Services by Chicano Elders

There is a scarcity of data on the use of mental health services by Chicano elders. It should be noted from the outset that probably the largest numbers of Chicano elders with psychiatric or mental health problems are not served by State hospitals or community mental health centers but are served in nursing homes and the like, where in the past the quality of mental health care has been notoriously poor. The community mental health movement has had the effect, along with other factors such as the advent of psychoactive drugs, of reducing State hospital populations. In Texas, for example, the State hospital resident population dropped from a high of 15,872 in 1960 to a low of 6,992 in 1976.[3] Many discharged patients have ended up in nursing homes, foster homes, and boarding homes; however, in regard to Chicano elders, little is known about either the population in nursing homes or the population in mental health delivery systems.

In a study of State hospital patients discharged to nursing homes in Texas (Dittmar and Franklin 1978), it was found that somewhat more Anglos (77.7 percent) than would be anticipated solely from their distributions of hospital discharges in FY 1975 (70.9 percent) were placed in nursing homes. They hypothesized this difference to reflect the known shorter life expectancies of minority populations and not the result of problems associated with placement of minority populations in alternate care facilities. Brody (1978) reports that admissions to nursing homes are multidetermined, based on such factors as personality, number of children, geographic distance of children, and quality of family relationships, among other variables. The average age reported by Brody of residents in nursing homes is 82, with 83 percent of the residents being over 75 years of age and 80 percent being female. If age, sex, and such factors as number of children, geographic distance of children, family relationships, etc. determine probability of nursing home placement, then certainly Mexican American elders will be affected by such. Many of these factors, including lifespan (for both males and females), number of children, proximity to children, and family relationships, are considered different for Mexican–American elders.

In the Bachrach study mentioned earlier (Bachrach 1975) it was found that Spanish-speaking elders used State and county mental hospitals at rates which exceeded both blacks and other whites. From data available from the Texas Department of Mental Health and Mental Retardation (TDMHMR) and the report in table 1, there is some evidence to support similar findings for Mexican–American elders in Texas. The data in table 1 represent the major mental health components of TDMHMR, which include 10 State hospitals, over 60 hospital outreach and outpatient units, and 27 community MHMR centers.

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[3] The resident population in State hospitals in Texas is based on the number of patients residing in all State hospitals within the State on the 31st of August of each year. Data on hospital resident trends were obtained from Mary Teague, Israel Cuellar, and Mike Campbell, *Resource Manual for Boards of Trustees of Community MHMR Centers.* Community Services Division TDMHMR, 1977.

TABLE 1

OBSERVED AND EXPECTED FREQUENCIES FOR MEXICAN–AMERICANS SERVICED IN VARIOUS MENTAL HEALTH SYSTEMS DURING FY 1976 IN TEXAS BY AGE GROUPS 0–19, 20–64, AND 65+

		Observed Frequencies[1]			Expected Frequencies[2]		
Delivery System	Age Group	Mental Health[3]	Other[4]	Total	Mental Health	Other	Total
State Hospitals	0–19	204	130	334	378	185	563
	20–64	1,783	1,444	3,227	2,181	1,514	3,695
	65+	138	41	178	222	47	269
Hospital Outreach Outpatient Programs	0–19	271	264	535	446	594	1,040
	20–64	1,100	824	1,924	1,279	1,173	2,452
	65+	254	68	322	177	71	248
Community MHMR Centers	0–19	1,366	752	2,118	1,404	769	2,173
	20–64	6,179	4,912	11,091	6,714	3,329	10,043
	65+	292	73	365	201	65	266

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[1] Observed frequencies are based on the unduplicated count of Mexican–Americans served during 1976 (Sept. 1, 1975–August 30, 1976.)

[2] Expected frequencies are based on the concentration (percent of Chicanos for each age group, 1970 Census data) living in the combined catchment area of the delivery system studied multiplied by the total number of patients served.

[3] MH, includes Chicanos using a mental health service or diagnosed with a psychiatric disability.

[4] Other, includes Chicanos using a mental retardation service, alcohol, drug abuse service, or not given a diagnosis.

Comparisons between the actual number of Chicano elders using a service and expected numbers based on population concentrations strongly suggest that Chicano elders use mental health services in a manner distinct from Chicanos of other age groups in certain system components. Chicanos of all age groups (including elders) are underrepresented in State hospitals. In community programs, Chicano elders are overrepresented in proportion to their concentration in the community, while younger age groups appear to be underrepresented. It is entirely possible that the higher rates of use of community mental health programs by Chicano elders versus younger age groups could be a reflection of higher incidence rates among older Chicanos. This hypothesis, however, remains to be tested.

The types of problems for which Chicano elders seek mental health services differ according to the delivery system analyzed (table 2). Individuals using community mental health programs are less likely to have severe forms of mental disorders than those using State hospitals. The three largest diagnostic categories of Chicano elders served in State hospitals are: schizophrenia (32.8 percent), psychotic organic brain syndromes (30.7 percent), and nonpsychotic organic brain syndromes (20 percent). The finding that at least half of all Mexican–American elders (50.7 percent) in State hospitals have some kind of organic impairment is of much interest. Gurland (1978) reports that sociocultural factors are highly correlated with dementia

TABLE 2

UNDUPLICATED COUNT OF MEXICAN–AMERICAN ELDERS (65 + YEARS OF AGE) SERVED IN VARIOUS MENTAL HEALTH SYSTEMS IN TEXAS FOR FY 1976 BY PSYCHIATRIC DIAGNOSIS

Diagnostic Category	State Hospitals	Hospital Outreach Outpatient Programs	Community MHMR Centers
Both Sexes			
Schizophrenic	46	31	36
Functional psychosis	13	9	22
Psychotic O.B.S.[+]	43	7	25
Nonpsychotic O.B.S.	28	14	37
Neurosis	5	14	46
Personality disorder	0	1	1
T.S.B.D.[*]	0	0	33
Other MH problem	1	23	82
No mental disorder	2	155	10
No diagnosis	2	64	19
Totals	140	318	311

[+] Organic Brain Syndromes

[*] T.S.B.D. = Transitional Situational Behavioral Disturbances

and that disadvantaged groups have a higher rate than upper socioeconomic groups. He hypothesizes that differences in rates of exposure to occupational hazards, life stresses, or diagnostic procedures might account for the higher rates of dementia found for lower socioeconomic status groups. The onset and evolution of dementia ranging from the reason the patient is brought in for mental health treatment the specific deficits noted, e.g., memory, judgment, comprehensive, language, personality, and cognitive disintegration, and the type of treatment selected are all factors that could and should be studied from a social-cultural perspective. This is especially important when one considers that the excess disability (secondary emotional difficulties) which accompanies dementia adds so much to the problem itself.

The major diagnostic categories for Chicano elders served in community-based mental health programs are: no mental disorders, other mental health problem, no diagnosis, and neurosis (the rates vary depending on how one defines a "community-based program"). Although the types of mental problems served by community-based mental health services are generally less severe than those served by State hospitals, community-based programs appear to be more effective than State hospitals in reaching and serving Chicano elders in proportion to their concentration in the population of the catchment areas being served.

There also appear to be some significant sex differences in regard to the use of community-based programs and State hospitals by Chicano elders. The data in table 3 show that more older Mexican–American females use community mental health services, when defined narrowly excluding mental retardation, alcohol and drug abuse services, than older Mexican–American males. The opposite was found for use of services in State hospitals. For other kinds of mental health services, such as mental retardation or alcohol and drug abuse services, older Chicano males outnumber females in both institutions and community programs.

These data pose interesting hypotheses in relation to the use of mental health services by Chicano elders. Namely, are the differences noted in the use rates among Chicano elders and other Chicano age groups reflective of higher incident rates for older persons, or are these differences due to differences in barriers for different age groups? Or, as suggested earlier, coping mechanisms and/or natural support networks may operate less effectively for older Chicanos than is traditionally hypothesized. Also, are barriers present in regard to use of some institutions that are not presented in regard to use of some community-based program? Perhaps cultural factors work

TABLE 3
UNDUPLICATED COUNT OF MEXICAN–AMERICANS AGED 65 AND OVER SERVED IN VARIOUS MENTAL HEALTH SYSTEMS IN TEXAS FOR FY 1976 BY SEX

Delivery System	Sex	MH	Other*	Total
State Hospitals	Male	78	40	118
	Female	60	3	63
Hospital Outreach/ Outpatient Programs	Male	95	22	117
	Female	159	46	205
Community MHMR Centers	Male	131	62	193
	Female	161	11	172

*Other includes Mental Retardation, Alcohol, Drug Abuse, and No Diagnosis.

against placement of an older Mexican–American in a residential or institutional setting but not so much against use of community-based outpatient treatment programs. Also, it would be of interest to see if these findings are replicable for Chicano elders using mental health systems in States other than Texas.

Communication Barriers

The use of Spanish by Chicanos has meaning beyond overt communication. Chicanos are proud of their identity as distinct from Anglos and other ethnic groups, and their use of Spanish often symbolizes their commonsense of ethnic identity as members of *La Raza.* Chicanos have tenaciously held on to their native language despite overwhelming efforts by English-speaking institutions to discourage its use. Spanish is spoken in a large percentage of Mexican–American households especially among older individuals (Gomez et al. 1976).

Language plays a major role in the way Mexican–Americans perceive mental illness and in the way feelings and needs are communicated. As opposed to many physical disorders which can be diagnosed without introspective communication, mental disorders require a high degree of verbal communication between the patient and the provider. Communication of feelings, thought processes, judgment, orientation, ideation, and history are essential to accurate diagnosis, evaluation, and treatment of mental disorders. Even when the same language is used by different individuals, observers have noted that different meaning can be attached to the same words. Communcation through Spanish-speaking interpreters, as is often seen in English-speaking institutions delivering services to Chicanos, can leave much to be desired. All too often the essential ingredient of personal interaction and communication between the therapist and client is lacking, when the provider and the consumer do not speak the same language. Edgerton and Karno (1971) concluded that the general attitude of the professional toward the patient is affected by language. Ruiz (1975) states that, when feelings are expressed in the native language, emotions which are deep-seated and unconscious tend to be exposed. Marcos (1973) found that, when interviewed and tested in English, speakers of other languages were significantly more emotionally withdrawn. Behavior which is charted as hallucinatory or even bizarre is often not seen as such when patients are allowed to relate the incident in their own language (Philippus 1971). Others (Gonzales 1977; Del Castillo 1970) describe the opposite, i.e., cases in which patients showed more psychopathology in interviews held in their native language than in interviews held in their secondary language (English).

All in all, the importance of Spanish-speaking mental health providers (preferably Mexican–American) for monolingual Spanish-speaking Mexican–American mental health clients cannot be overemphasized. This is especially true for older populations who are more likely to speak Spanish exclusively or to be dominant in Spanish.

In a survey of 200 older Mexican–Americans living in San Antonio (Gomez et al. 1976), it was found that more women than men (59 percent and 35 percent respectively) spoke Spanish only, and as many as 87 percent of the women and 79 percent of the men preferred to speak Spanish. Gomez, Martin, and Gibson found from their experiences in working in the barrio that the older men do speak English more frequently than the women, but their vocabulary is highly job related and practically nonexistent for dealing with intimate and personal matters. Gomez, Martin, and Gibson conclude:

> Older Mexican Americans tend to shy away from discussions on personal topics when they are forced to speak of them in English. It is most difficult to discuss personal problems in their second language. Moreover, during periods of stress, people tend to regress and because of this regression, their primary language

> assumes greater significance. Communication with Mexican Americans is complicated by other cultural factors: *these features alone justify the use of bilingual/bicultural personnel in programs for older Mexican Americans* (Gomez et al. 1976, p. 13).

Institutional/Cultural Roles and Characteristics

Whereas Mexican–Americans as a whole are an extremely diverse group within any given community or region of the United States, there are definable cultural customs, beliefs, and values which still predominate among a substantial number of individuals which comprise this population. It should be understood, however, that cultural practices and customs of Mexican–Americans, as well as other cultural groups, are constantly changing as modified by education, social structures, exposure to other cultures, and other factors which affect acculturation processes. Cross-cultural studies (Diaz-Guerrero 1975; Holtzman 1975) have identified a cultural gradient from central Mexico to the United States/Mexico border and to the southwestern portion of the United States. Mexicans and Mexican–Americans who live along this cultural gradient differ in the extent to which particular beliefs, attitudes, practices, etc. are held.

An attempt is made to describe some of the cultural characteristics which predominate among some, especially older, unacculturated Chicanos that can and do affect the use of mental health services. Perhaps one of the greatest differences between Anglo culture and Mexican or Mexican–American cultures is in institutional roles.[4] These include male roles, female roles, and family roles. Additionally, religion and the concept of *personalismo* are specific cultural factors which affect service use. Each of these concepts is only briefly discussed, as there are numerous sources which explain each in considerable depth. They are mentioned here because they each play a major role in understanding Chicano helping systems. Institutional roles and cultural characteristics are essential to the understanding of Chicano families, especially older unacculturated families. This is an important point because there is such diversity in *La Familia Mexico Americana* (Maldonado 1977) that it must be recognized as a heterogeneous phenomenon. The extent to which sex roles, for example, are adhered to depends on the extent of acculturation experienced by the family. It is important that mental health services aimed at Chicano populations take into consideration acculturation factors which are crucial to the understanding of family dynamics as well as individual personality development. They are equally important in understanding psychological development within the family and its members and should be carefully considered in developing and implementing mental health services, whether they be outpatient, day treatment, inpatient, or preventive services for Chicanos of all ages.

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[4] The author is indebted to the past directors of the Bilingual/Bicultural Treatment Program (Dr. Ramiro Valdez and Adriana Arzac) for their conceptualizations and descriptions of the institutional roles discussed in this section.

Again, I wish to caution the reader that the following descriptions represent extreme or "pure" forms, used here as a basis for understanding acculturation in Chicanos. They should not be mistaken as descriptive of Chicanos (or Mexicans) in general and thus used to perpetuate sterotypes on the part of less sophisticated readers.

Male Roles

There has been a great deal written about the Mexican–American male. To cover the literature in this area would be much too involved a task to be attempted here; however, the term which keeps coming up over and over in the literature is the word "macho." *Machismo* is the expression of exaggerated masculine characteristics, ranging from male genital prowess to towering pride and fearlessness (Aramoni 1972). It is described as a "counter-phobic" attitude toward women and toward the anxieties of life and death. It seems that, from early in his life, the man-child is expected to fit the dignified role of the male; any demonstration of "feminine interests" is disapproved of by older men (Diaz-Guerrero 1955). As he grows older, he is expected to separate all women into two categories: the ideal woman, or the one he would marry, and the sexualized woman, or the one he will have sex with (Diaz-Guerrero 1955; Peñalosa, 1968). He is expected to pursue the pleasures of the flesh for as long as he is able (Rubel 1960), to demonstrate his virility (Diaz-Guerrero 1955) and show a lack of respect for both ideal and sexualized women (Peñalosa 1968). He is to defend his honor by fighting and prove his prowess by excessive drinking (Aramoni 1972).

Female Roles

Just as the Mexican–American man is described as displaying strength and courage, the Mexican–American woman is depicted by the literature as the image of gentleness, suffering, and weakness. As a child, the female is put in a bad position. Boy babies are preferred to girl babies in the family, especially the first-born. A girl baby is seen as a misfortune (Diaz-Guerrero 1955). The female child is destined to femininity, the home, and motherhood. She is encouraged to participate in play that is feminine and homey. When she blossoms into adolescence, she reaches one of two peaks in her life. During this time, she is courted and placed on a pedestal as a "good" woman (Peñalosa 1968; Diaz-Guerrero 1955). The situation changes when she marries: She goes from "queen to slave" (Diaz-Guerrero 1955) and becomes subservient to her husband. It is interesting to note that the wife is not viewed as a sexualized female but as a good female, to the extent that the husband practices sex in one way with his wife and in another way with his lover (Diaz-Guerrero 1955). However, she once again gains her prestige when she becomes a mother and acquires saintly qualities through selfless dedication to the children (Rubel 1960).

Family Roles

Mexican–American family roles are different from those of many other cultures in America. The family is highly patriarchic (Philippus 1971). The father is the final authority in all matters. The role of the mother is subservient to the father, with emphasis on her being a good housewife and mother (Rubel 1960). Family features, broadly speaking, can be described thus: "father dominance, masculine superiority, strict disciplining of children, separation of sex roles, and emphasis on submission and obedience to authority figures" (Ramirez 1967). Family solidarity, among other things, means that the family seeks answers to problems within the family itself, seeking outside help only as an extreme measure (Edgerton and Karno 1971). The literature emphasizes time and again that family solidarity and commitment of family members to each other are the most prominent feature among Mexican–American families (Edgerton and Karno 1971; Ramirez 1967; Philippus 1971; Fabrega 1970; Meadow and Stoker 1965; Rubel 1960; Peñalosa 1968). Inclusion of interested family members in therapy has always been a concern of mental health professionals. This seems to be especially important when treating mentally ill Mexican–Americans, especially older persons whose lives often revolve around their children and relatives.

Religion

Religion plays an enormously important role in the lives of many Mexican–Americans. Many older Mexican–Americans have numerous pictures of saints, homemade altars, and statues of saints in their homes. Faith in God is quite strong and influences individualized strategies for coping with problems in life. It is not unusual to find a Chicano client explaining his or her psychological difficulties totally in religious terms, such as, the reason he or she is in a mental institution is because God wants it that way and that he or she will recover only when God determines it. Historically Chicanos have turned to God when they encounter personal difficulties. As older persons approach death, religion appears to take on even greater significance. There are numerous case histories of Chicano patients seen in the Bilingual/Bicultural Treatment Program, wherein religion played an important role in the manifestation, the symptomatology, the behavioral characteristics, the ideation, the hallucinations, the visions, and the resolution of the condition. Overreliance on religious intervention does, at times, interfere with the amount of effort patients are willing to make to help themselves, i.e., to determine their own future. Thus, religion can be both a positive and a negative factor in coping with, or in the resolution of, psychological difficulties.

Personalismo

Personalismo refers to the personalization of interpersonal relationships. It encompasses such characteristics as warm interpersonal relations, relating personal interests, sharing, and, in general, humanizing. *Personalismo* is a concept that has received little attention from researchers but which appears to have much significance in the use of services by Chicano populations. Rapport is a critical variable in establishing therapeutic relationships and *personalismo* facilitates rapport. Failure to provide services which are congruent with the concept of *personalismo* could likewise result not only in the failure to establish rapport but in the failure to continue to use the service altogether.

Community Mental Health Characteristics and Services for Elders

The history of the development of mental health services clearly reflects the changing attitudes of both professionals and society in general toward mental impairment. Systems of patient care began when little was understood about mental illness and even less about appropriate treatment modalities. As knowledge of mental disorders and philosophy of patient care has changed, the challenge of changing public attitudes and beliefs and outdated delivery systems has been as great as that of establishing new systems of care. The community mental health movement reflects the most recent attempt to redefine social action in the treatment of mental illness and in the promotion of mental health. For that reason, it is of interest to look back at the community mental health movement and examine its impact on services for the elderly.

Two of the most distinguishing characteristics of the community mental health movement are (1) the emphasis on treating persons with major mental illness in the community, as opposed to treating them in institutions and (2) emphasis on preventive and indirect services as opposed to therapeutic and direct services. The community mental health movement encompassed much more than the above two characteristics; for example, Bloom (1973) identified nine distinguishing characteristics. However, practice in the community and prevention are among the more salient characteristics of the movement and have perhaps also had the most significant impact in regard to services for older populations as well.

The emphasis on returning patients to home and community life as soon as possible has been a significant factor, although not the exclusive factor, in reducing State hospital populations. Many patients returned to the community have been older adults with chronic problems who eventually have ended up in nursing homes where the quality of mental health care is sometimes worse than the average State hospital. Older adults with mental impairments have in numerous instances been placed in nursing homes as opposed to State hospitals, as a consequence of the community mental health movement.

The notion of providing mental health services, especially inpatient or residential care, close to home in the community is much preferable to institutional care, which is at times located hundreds of miles away from home and family. For Chicano elders whose sense of community is often closely tied to their immediate neighborhood, family, relatives, and ethnically similar friends, placement in a State hospital can in itself bring on both cultural and psychological shock. Unfortunately, placement in nursing homes has become the community alternative to institutionalization, and, as previously mentioned, the quality of care in nursing homes often leaves much to be desired.

The emphasis on preventive services and indirect services has also indirectly affected older patients. Prevention has been almost synonymous with early intervention, and early intervention has been interpreted as working with younger and younger populations. That is to say, to work with casualties is not only not prevention but is inefficient because resources are consumed without stemming the flow of patients. The consequence of this type of philosophy is that services for elders have been sacrificed in the name of triage, i.e., placing resources where they can have the greatest long-term benefits at the expense of treating casualties. This, in part, explains why service for elders in community mental health centers was not mandated until 1975, when *Public Law 94-63* became effective, 12 years after the *Community Mental Health Centers Act* (P.L. 88-164) was enacted.

An additional factor which has never been fully resolved surrounding community mental health services and which has affected minorities in general and Mexican-Americans specifically is that the term "community" has not been adequately defined. All too often community mental health programs are out of touch with the real needs of the people they are designed to serve (Giordano and Giordano 1976). When this occurs, as it often does, it is important to question which community services are intended for. The mistake often made is to assume that, because a service is community-based, it automatically qualifies as being a community program. To be defined as a community program, issues of ownership and control must be resolved. Likewise, mechanisms for obtaining input into policymaking bodies of the organization must be present. The fact that there are so few culturally responsive mental health services in existence today strongly suggests that such issues and concerns have not been adequately resolved.

Mental Health Programs for Mexican-American Elderly

From a national perspective, it has been noted that the economic dimensions of caring for older populations are staggering. According to 1975 population projections, there are at least 22 million people in the United States aged 65 and older (11 percent of the total U.S. population) and that this age group is the fastest growing segment of the population. By the year 2030, it is estimated that 22 percent of the U.S. population will be 65 and older (Butler and Lewis 1977). The cost for nursing home care for the Nation is $8 billion per year, and the health care cost for older people accounts for as much as 25 percent of the total yearly health bill for the Nation (Anderson 1978). Simply from an economic viewpoint, preventive programs, not only for Mexican–Amerian elderly but all elderly, are an absolute necessity.

As stated by the Task Panel on Mental Health of the Elderly (1978):

> We can either continue social, economic, and health policies which reflect our negative and fearful attitudes and our self-fulfilling prophecies to scores of forgotten or "warehouses" of elderly; or we can improve ourselves and our system, thus encouraging our elders to enrich their lives and our own in the process (p. 1142).

Programs aimed at promoting or maintaining mental health among the elderly should be considered as essential as public education is to our Nation. One should not lose sight of the fact that only 10–15 percent of all elderly require total care (Anderson 1978). Promoting mental health in the remaining 85 percent of the elderly should be given high priority. Preventive efforts will in the end yield the greatest dividends for all concerned, and problems of the elderly are of concern to all, both young and old.

Programs aimed at early detection and intervention in the community should be given high priority. Programs which integrate social, medical, and psychiatric services are essential to meet the multiple needs of the elderly. Programs aimed at keeping people out of institutions should be implemented and evaluated for their merit, wherever possible. Consideration should be given to the notion of "reconstituted families" (Sussman 1978) as a means of caring for older people in the home and community. Perhaps much can be learned from Mexican–American families in this regard. At present, little is known about the characteristics of people willing to care for an older person in their home and the kinds of skills required of them.

From a secondary and tertiary preventive approach, several different kinds of psychosocial treatment approaches are used with the elderly. These include, but are not limited to, milieu therapy, sheltered work settings, reality orientation, remotivation, resocialization, behavior modification, family relationship improvement, and a variety of occupational therapy programs such as dance, arts, crafts, etc. Brody (1978) points out that, of all the psychosocial treatment approaches, none results in complete rehabilitation or cure, especially for patients with dementia, although many result in some improvement.

The large portion of elderly in nursing homes and mental institutions with some kind of organic impairment justifies the development and implementation of programs specifically aimed at treating this condition. As many as 50 percent of Mexican–American elderly in State hospitals in Texas were diagnosed during FY 1975 as having organic brain syndromes. Dementias should not be viewed as either inevitable or as intractable. Some primary and secondary preventive programs are required not only for Spanish-speaking but for all individuals concerned.

Of considerable importance in regard to psychosocial treatment approaches for the elderly is that the quality of the living environment does make a difference. Negative effects of institutionalization and excess disability, such as apathy and depression, can possibly be avoided, especially where linguistic and culturally relevant programing is present. As stated in the *Report of the Special Populations Subpanel on Mental Health of Hispanic Americans* (1978):

> A mental health program which attemps to reduce patients' anxieties with medications or individual therapy while neglecting or assaulting their social-cultural values will defeat its own purpose and cause more damage than benefit. In short, individuals have their roots in their ethnicity. Damage to these ethnic roots can cause serious psychological trauma, while respect for them facilitates the development of a therapeutic alliance and healing process (p. 910).

In short, the kinds of treatment programing recommended for Mexican–American elders are for the most part not strategically different from those recommended for older populations in general, such as outreach, homecare, psychosocial approaches, etc (see *Report of the Task Panel on Mental Health of the Elderly* 1978). What is recommended is that programs be individualized wherever possible and that linguistic and culturally relevant treatment approaches be integrated into treatment programing in order to meet the many, varied, and special needs of Mexican–American elders. As has been alluded to elsewhere in this chapter, the needs and types of services required for Mexican–American elderly are in many cases a special case of the general, i.e., those elements that enhance availability, accessibility, and acceptability of services for Mexican–Americans in general are likewise required for the elderly. These entail recognizing the special needs of Mexican–Americans, their unique ethnohistory, language, and culture. Additionally, they require incorporating these elements into existing service delivery systems and, in some cases, completely revamping old systems and designing altogether new, more culturally responsive systems.

Conclusion

The delivery of mental health services to Chicano elders is an enormously complex field of study which has for the most part received little attention. In the early days of the community mental health movement, services for the elderly in general were largely ignored as initial efforts were directed toward prevention and early intervention with younger and younger populations.

As Musto (1975), a psychiatric historian, has pointed out, the latter years have seen the community mental health movement swing back toward more traditional services and toward the medical model. Services for the elderly are perhaps more easily justified than indirect services within the prevailing attitudes of accountability, quality standards, and emphasis on traditional services. Only recently have services for the elderly in community mental health centers been mandated by legislation. Model programs for Mexican–American psychiatric populations are extremely rare, and none is in existence, to the knowledge of this author, for older populations.

The perceived need for services for the elderly among Chicano mental health professionals is quite high. In a recent symposium on the delivery of mental health services to Mexican–Americans, a total of 82 recommendations were generated and ranked by priority (*Proceedings of the Texas–New Mexico Symposium* 1977). It is interesting to note that the need to develop and provide services to Chicano elders was ranked as the second highest priority recommendation by the conference participants.

There is a scarcity of data on the use of mental health services by Chicano elders. From what is known about the use of mental health services by younger Chicanos, there is much to suggest that numerous complex issues are involved. These issues which include, at the broadest level, the definition of mental illness and how it is to be treated do not go away in relation to Chicano elders. On the contrary, they appear to become magnified. Linguistic and cultural variables are believed to play an even greater role in the delivery of mental health services to older populations. Older populations are believed to have an increased incidence of mental health-related problems, and Chicano elders may very well be at an unusually high risk due to a combination of socioeconomic, cultural, and aging factors. Likewise, the barriers surrounding use become especially critical for Chicano elders, as the differences between Chicano cultural characteristics and Anglo helping institutions are at an extreme for this age group.

Older persons are quite diverse in regard to social, economic, and cultural characteristics. Chicano elders are likewise quite diverse. Failure to recognize this diversity among Chicano elders can be as serious a mistake as ignoring the unique linguistic and cultural characteristics of the population. There is some evidence to suggest that Mexican–American elders use mental health services in a manner distinct from younger age groups, but the reasons for this are not clear.

Many of the sociocultural characteristics of Chicano elders which affect their coping strategies or ways of handling stressful life situations, such as a reliance on family, friends, *compadres,* relatives, religion, and folkways, are parts of major natural helping systems found within the Chicano community. It is possible, however, that overreliance on set coping strategies or helping networks could prove maladaptive under certain circumstances or for certain age groups.

The general picture that emerges at this time is still unclear and paradoxical, as we find, on the one hand, a rich base of natural support systems and helping networks and, on the other hand, an especially high risk of developing mental disorders in Chicano elders. What is much clearer is that sociocultural factors related to mental illness and its treatment are much too important to leave out of delivery systems. There is a need to know more about the kinds of mental health care received by Mexican–Americans in both mental institutions and nursing homes. We know that there are numerous ideological and practice differences between Chicano consumers and Anglo providers of mental health care. The President's Commission on Mental Health (1978) recognized the differential use of mental health services by ethnic minorities and recommended changes in existing service delivery systems which would make them more linguistically and culturally relevant. Modification of service systems so as to become more culturally relevant may involve radical changes which could affect the overall design, treatment approaches, location, and philosophy of care, as well as require major changes in provider education and training. Removing the existing barriers to access and use of high quality mental health care for Chicanos requires a deepening of our understanding of cultural factors. Furthering our knowledge of the barriers impeding the delivery of mental health services to Chicano elders, where cultural differences appear to be most prounounced, may provide valuable information in delineating the critical sociocultural variables that have the greatest impact on the delivery of mental health care.

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Chapter 7

Social Research and the Chicano Community

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Introduction

Ortega y Gasset, the modern Spanish philosopher, claimed that confusion was an inherent part of every period of crisis, which he defined as "the transition which man makes from living attached to and leaning on one set of things to living, attached to and leaning on another set of things" (1962, p. 72). There is a crisis in the Chicano community, and its roots lie in the abrupt transfer of land and power from Mexico to the United States in the Southwest. The largely unrecorded history of Chicano-Anglo relations points to the existence of abuses of the dominant society toward the Chicano community. The Mexican War, the continued conflict on the agricultural fields, lynchings, manipulation of farm labor, the *pachuco* "riots," the massive deportations, and the land grabs in California and New Mexico are only some of the most blatant abuses endured by Mexicans since the borderlands became part of the United States in the mid-1800s. The crisis among Chicanos is at once structural and moral and is manifested in the conflict of values between their inherited world view and their imposed world view. This chapter argues that Chicano social scientists have a responsibility for articulating the source and nature of the crisis and for participating in the process for resolving the contradictions which it presents.[1]

The Sick Minorities

Social scientists have played an important role in legitimizing the official posture of society toward Mexican-Americans:—the "insider" defining the "outsider." They determine who is well and who is sick, who is normal and who is abnormal. They have identified who needs change and how it should be prescribed.

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[1] This paper deals with research issues in ethnic communities of color—particularly Chicanos—and not with aged Chicanos exclusively. The reason for this approach is that this subject has not received extensive study and thus a general approach is more appropriate.

In a general sense, social scientists have relied on the medical model in interpreting the Chicano experience. The medical model originated in biology and postulates that there can be no cure without discovering the etiology of the maladaptive behavior. Deficient, deprived, and disadvantaged—the common adjectives used to describe minorities in the research enterprise—indicate, according to Matza, that something is missing for the development of the individual. The pathology model is essentially a medical model. Matza, in discussing much of the research on deviation, states that its purpose "has been to assist established society ultimately to rid itself of such troublesome activities" (1969, p. 15). Research on minorities has followed a similar course. Several examples illustrate this most important point:

1. The "culture of poverty" negates the essence of the anthropological notions of culture and stresses the highly negative approaches and values that are thought to be distinctive of the lower class poor. Numerous "internal causes," such as a disorganized family structure, violence, present-time orientation, and illegitimacy, are employed to further this stance (Valentine 1968).
2. The research on early childhood education maintains that minority children are unable to learn in the schools because of inadequate mothering and an environment that do not provide adequate sensory stimulation for cognitive growth (Baratz and Baratz 1970).

The psychoanalytically oriented psychologists, led by David McClelland, maintain that blacks lack achievement motivation and, consequently, academic, social, and economic achievement because of the inability of the culture to develop necessary attitudes such as future orientation, stress on individual achievement, and a sense of control over one's own destiny. Again, according to these psychologists, it is the matricentric structure of the black family which creates a strong dependency that weakens the achievement motivation of black males. Thus, Grebler, in the study, *The Mexican American People: The Nation's Second Largest Minority,* begins his description of the Mexican–American family by citing Moynihan who explained the low status of black people in terms of an "unmotivated" male personality resulting from the "traditional matricentric family." Both families, according to Grebler, produce "the same kind of young man—one who drops out of school because he is preoccupied with immediate pleasure" (1970).

In a review article that appeared in the now defunct *El Grito,* Vaca identifies various themes that have served to interpret the low-level integration of Chicanos into the mainstream of American society. He maintained that the studies were preoccupied with a "pathological syndrome:" disorganized families, low school performance, high crime rate, poor health standards, and a high rate of dependency on public welfare. Because many people maintained that the Mexican "problem" was a result of an inherent genetic inferiority, educators in the early part of the century felt justified in neglecting the education of Chicano youngsters—"there was not much you could do for them" (1970).

After the Great Depression, when the first massive influx into the central cities occurred, cultural and structural-environmental determinism, alternatively, dominated the social science literature with respect to the Chicano. Although the Mexican was still seen as inferior, there was an effort made to at least "Americanize" him. Thus the school was seen as the major acculturating agency. World War II again forced the schools to take another look at the Mexican "problem"; and again the focus was on adjusting the child to the school experience, disregarding the uniqueness of historical and cultural experience. The explanation of the problem has been the failure of the Mexican culture to provide its child with the necessary tools to succeed in American society (Vaca 1970).

More recently, the focus of intervention has been on early childhood, based on the assumption that the child does not learn the necessary skills in his home to succeed in school. It is assumed that the youngster's home life, specifically the mother–child interaction, is not conducive to the acquisition of cognitive and language skills (educational programs have rarely recognized Spanish as a legitimate language) for school success. This assumption persists in spite of the failure of Head Start and similar programs to have any noticeable effect on school performance of so-called underprivileged youngsters (Baratz and Baratz 1970).

The common element of these theories is the stress on etiology and the assumption that the causes of the deviance are inside the person, the family, and/or the culture. The stress on notions of disadvantage implies that something is missing inside these people that must be corrected. Correction, in Matza's words, "reflects the easily appreciated social view that persons who have strayed from moral standards ought to be persuaded by a variety of means to return to the fold, and it argues that knowledge may be put to that service" (1969, p. 17).

Values and the Social Sciences

The power of myths and organized publicity, according to Freire, is threatening modern man's capacity to decide. It is what Illich refers to as "institutionalization of values." The task of institutionalizing values, Illich claims, falls on expensive and complex manipulative institutions that transform non-material needs into commodities, define such things as health, education, welfare, and personal mobility and link psychological healing to services or treatment (Illich 1970, pp. 78, 80). The institutionalization of values forces a lifestyle of consumption and addiction rather than one of independence and action (Illich, p. 76). In an effort to control those that might stray from the official definition of reality, institutions rely on conceptual frameworks that include theories of deviance, diagnostic schemes, and complementary sets of intervention tactics (Berger and Luckmann 1967, pp. 108–109).

In this regard, Gouldner maintains that the work of social scientists is shaped by their moral values and that it is ultimately a statement for or against a social system: "To the degree that the social sciences are modeled on the physical sciences, they entail the domain assumptions that people are 'things' which may be treated and controlled in much the same manner that other sciences control their non-human materials: people use 'subjects' which may be subjected to the control of the experimenter for purposes they need not understand or even consent to" (1970, p. 50).

The objective and value-free assumptions of the social sciences based on the physical sciences are incapable of answering the ontological questions of who and what I am. Within a societal context, these theories fail because they say "nothing concerning the meaningful goal of conduct, and are therefore unable to interpret the element of conduct with reference to it" (Mannheim 1936, p. 19). The issue with these theories is not that they are value free but that values are external to them. Behavior Modification technology, for example, is not neutral; its use depends on forces external to the research. Its use cannot be viewed outside the total society of man.

The moral stance which influences the social scientist's work seems not to involve an ethics of conviction, that is, one which drives men to consider the consequences of their words or deeds (Aron 1970, p. 25) but one of instrumental values. It is not difficult to understand why academics so often say and do things not in accordance with their moral principles but to advance their careers. They mask the truth by pointing to the neutrality of the social sciences. This conception, according to Gouldner, allows sociologists to "say that it is not their task to restore the equilibrium between power and goodness" and thus makes it easier to "accommodate to a power that they themselves may deem of dubious morality" (Gouldner 1970, p. 487).

Chicanos and the Social Sciences

The social sciences have not served Chicanos well, and it has been only recently that Chicanos, with a few notable exceptions such as George Sanchez, Ernesto Galarza, and Julian Samora, have become participants in the debates of the social sciences. Chicano academics necessarily must be viewed within the context of the total academic community. They find themselves in the lower ranks of the academic community, and as such their work and ultimately their careers are dependent on the judgments of their superiors who have done little by way of involvement in the issues important to Chicanos.

The late sixties and early seventies witnessed a severe reaction to the inadequacy of the existing social science literature. This academic catharsis initiated a wave of social science literature that is finding form, particularly among Chicano academics on the West Coast. In the late sixties, Chicanos, lacking the technical competence of the Anglo scholars, blindly attacked not the methods of the social scientists but their findings. Ironically, the Chicano academic now finds himself emulating his seniors and using the theoretical orientations which he once renounced. Thus, the movement which helped thrust the Chicano into the academic life has transformed him into an academic with the so-called oppressor's perspective, unable to communicate effectively with his community.

As evidenced by the literature, much of the research effort on Chicanos has been focused on enhancing the power of manipulative institutions over the Chicano community. In many areas of the Southwest, for example, the assumption has been made that Chicano children don't read because their native language interferes with their learning English. Accordingly, the schools reject Spanish and invest massive amounts in teacher training and materials, even though the evidence is clear that the strategy is not working. It is not difficult to conclude that the overriding concern is not the learning of reading but the self-interest of the Department of Education, the teacher's union, the publishers, and the schools. Attempts to integrate Chicanos into the misguided or opportunistic programs do not serve the best interests of Chicanos. We need to realize, however, that in speaking out for Chicanos we are inevitably speaking out against the best interests of others who in many instances influence the upward mobility of their careers. The Chicano social scientist who lacks a philosophical framework is forced either to rebut what has been said about Mexican–Americans, or be satisfied with reformist activities that merely assist Mexican–Americans to infiltrate but not change society.

The purpose of scholarly activity is not to advance careers but to achieve "a quality of mind that will help them use information and to develop reason in order to achieve lucid summations of what is going on in the world and of what may be happening within (academics) themselves" (Mills 1961, p. 5). This "sociological imagination" will enable Chicanos to act on those forces which threaten and prevent them from living their own life.

Because Chicanos have relatively little power within American society, perhaps the most appropriate role for Chicano social scientists is to follow Mills' suggestion and write about people "who are regularly without power and whose awareness is confined to their everyday milieu, the ways in which personal troubles are connected with public issues"; so that the social scientist "in the course of these efforts, states what he has found out concerning the actions of the most powerful" (1961).

In short, the focus of our research should be to enhance the humanity of those without power. Ortega y Gasset maintains that thinking can be human only if it makes sense to "the creating subject...from whom it emanates and who is thereby its agent, author, or responsible for it" (1960, p. 89). The truth of the matter is, however, that for most Chicanos the history, body of knowledge, and intervention programs that have been designed to integrate Chicanos into society have, in the words of Atencio, been "derived from somebody else's action" (1972) and are thus incapable of directing action based on self-contemplation.

It is difficult to justify Chicano academics conducting research detached from their communities and analyzing social reality "objectively."

It is important for Chicano scholars to keep the relationship between social reality and consciousness in mind, since it is this social reality, according to Marx, that determines consciousness. A direct link to the Chicano community is imperative, since it is this commonsense knowledge and not ideas such as "culture of poverty," "mental health," "cultural disadvantage," or "marginality," that must be the key to the Chicano sociology of knowledge. It is this "commonsense knowledge," as Berger and Luckman point out, that "constitutes the fabric of meaning without which no society would exist" (1967, p. 15). It is not difficult to see why research and mechanisms for assistance and education that are outside the conception of the Chicano community have led to the institutionalization of values and the denial of freedom.

Mexican–American academics need to recognize the easy manner in which their work can serve to enhance the power of manipulative institutions over the life of the Chicano community—if the work they do makes them ideologues of the status quo or technicians "acting instrumentally on behalf of its interests, and many times their accommodation to these values derives from the personal bounty it provides them" (Gouldner 1970, pp. 501, 498).

Gouldner's reflexive sociology appears a good strategy for academic work in the Chicano community, for it adheres to the traditional requirement of valid information, the appropriate methodologies to collect it, and an *awareness* which "entails an openness to bad news." It is these characteristics which enable the researcher to "transform his professional self and his praxis in the world." The quality of his work, Gouldner points out, will be ultimately "dependent upon the quality of his manhood" (pp. 494–495).

A perspective based on a Chicano experience which uses ideas that make sense to Chicanos because they have verified their truth or falsity is the starting point of our research. It is only through truth, states Ortega y Gasset, that man achieves *soul* or that "something that is capable of being the responsible subject of its acts, *something* that does what it does because what it does has a clear meaning to it" (1960, p. 174). Thus, a Chicano perspective is essential to provide alternatives to and, in fact, protection against the continual attempts of American institutions, such as the schools, to deprive Chicanos of their *soul*.

Research in Ethnic Communities of Color

Social research raises passions in ethnic communities of color. The research approaches traditionally used to seek understanding about ethnic minorities and their communities have been subject to numerous attacks not only from minority scholars, such as Kenneth Clark and Octavio Romano, but from nonminority researchers, such as Robert Blauner and Charles Valentine, who believe that traditional methods simply do not capture the essence of minority communities. Zusman and Olson point out that "...there has been considerable concern about research colonialism, about researchers' exploitation of the conditions and anguish of the poor to benefit their own careers, either through acquisition of government contracts or through writing academic books and papers to earn them credentials in the university world or both" (1977, p. 47). Matza, although not addressing himself specifically to minorities, nevertheless makes some cogent remarks about research on deviancy that has striking similarities in its orientation to much of the research on minorities. It is the activists, however, who have most vehemently objected to research activities within ethnic communities. They raise questions about the value of academic studies that leave nothing to the community being studied and about "the validity of studies designed and interpreted by white middle-class researchers without roots in minority communities" (Bengtson 1977, p. 76). "We know what the problems are; now let's get on with it" and "We have been studied to death and nothing ever comes of it" are popular objections leveled against researchers. Although many take the rhetoric of the activist lightly, the issues implicit in their challenges should raise some profound and troubling questions for social researchers. For example: What role, if any, does research have in ethnic communities of color? Is any of the research conducted in ethnic communities or on ethnic people helpful to the people? How?

The value of research in ethnic communities is defended by various writers, all apparently incorporating the notion that policymakers when presented with findings will act rationally. For example, Moore (1977) states that: "Research findings are a poor instrument for social change unless they are institutionally backed to an extraordinary degree—even if the findings are supported by the subjects themselves" (p. 151). Weiss believes that research can benefit the poor, if it is designed so that it avoids a blaming victim orientation, and social institutions are viewed "equally as susceptible to change as are the responses of the poor and through dissemination of the results...to government decision makers" (C. Weiss 1977, p. 20).

Researchers have recognized various difficulties which make the quality of their work suspect. For example, Zusman points to the difficulty inherent in criticizing dysfunctional institutions because "economic, social, and political considerations operate to support the existence of such programs and make serious substantive critique quite difficult if not acceptable" (1977, p. 47). Furthermore, Kahana and Felton question the ethics of conducting research into the problems of the poor without doing anything about them. Such an approach, they argue, "is justifiable within the realm of traditional scientific orientation, but the ethics of such an approach may be questioned" (1977, p. 162).

It is safe to state that, in general, researchers conducting research in ethnic communities have ignored the issues of action raised by their research, choosing instead to concentrate on the difficulties inherent in collecting data in minority communities. After reviewing the literature on minority research, Levine, without addressing the issue of praxis, concludes "...that it is possible to devise ingenious means for adapting our basic technique to meet exigencies of the research situation while still meeting the requirements for the collecting of valid data" (1977, p. 176).

It is obvious that the execution of research in ethnic communities is beset with numerous difficulties—ethical and methodological—and that no one approach can handle all the difficulties that arise. By way of illustration, I will review several studies that have grappled with these difficulties.

Clark's *Dark Ghetto* describes and interprets "...what happens to human beings who are confined to depressed areas and whose access to the normal channels of economic mobility and opportunity is blocked" (Clark 1967, p. xxii). In presenting the data regarding crime, deteriorated housing, low school performance, and numerous other realities so characteristic of ghetto life, Clark attempts to find the "truth" hidden behind the data, a truth that views the realities of the ghetto in the context of larger society. He does not hide his subjectivity but squarely confronts the impact of forces that bias his view of the ghetto. He lived there for 40 years, and the mysterious pull of his past life is reflected in his handling of the data.

Valentine criticizes Clark's work for focusing on the blacks' problems and deviations from the larger society, and, although Clark is empathetic, Valentine argues that Clark takes an external view of the ghetto. In its place, Valentine proposes an ethnographic approach toward the black community. He believes that, because studies have focused on the pathology of the ghetto, they have failed to understand some important aspects of life in the black community. His ethnographic studies seek to examine current cultural patterns among the poor, investigate the nature of cultural change among the poor, enhance the knowledge of minority groups relative to the larger society, and provide quality information for the great mass of people (Valentine 1968).

To Valentine, the key to obtaining valid data lies in active participation in the form of interviews and group meetings, performance in the affairs of the community (services and proposal writing), and honesty with respondents about the intent of the study. Thus far, Valentine has found that community patterns in the ghetto do not correspond to the findings of the literature. For example, contrary to "culture of poverty" theorists, he finds a great amount of community participation in various institutions such as government and welfare agencies, clinics, hospitals, mass media, and churches. Furthermore, he found a great deal of overlap in the aspirations of ghetto residents with those of the dominant community. For instance, both see education as the key to a successful life; both want adequate health care, and both think the police should exist not to harass individuals but to serve and protect the community. These ideals persist in spite of some obvious contradictions. For example, there is a tremendous disparity of resources in services like sanitation and education between the ghetto and the dominant society. Furthermore, while the dominant society residents have some degree of control over their lives, the ghetto is glutted with controlling agencies such as police, welfare, and financial agencies serving to perpetuate the existing status quo. It should be emphasized that these agencies are usually externally controlled (Valentine 1968).

Valentine is not unaware of the potential pitfalls inherent in the ethnographic approach. Precisely because ethnography focuses on the internal characteristics of the "ghetto," Valentine cautions the researchers to guard against excluding the external forces that originate from the outside community. This built-in bias may lead the researcher to attribute certain characteristics to individuals in the ghetto that may also be prevalent in nonghetto communities. These biases may lead researchers to construct models exclusively from lower class data, thus confounding blacks with poor people generally (Valentine 1968).

Valentine mentions numerous methodological weaknesses in the many studies that have dealt with minorities and lower class people. It is evident from the many research sources that there is an obvious bias for data that portrays pathology. Police, court, and social work reports generally focus on behavior that by its very nature is corrective. Also census data that "show" disorganized families (female-headed households) does not per se document the absence of males in these households. Witness the great number of "living together arrangements" among the middle class that do not fall prey to this pathological interpretation. One statistical description can be interpreted in several different ways.

The research of Oscar Lewis provides a good example of these methodological weaknesses, according to Valentine. Lewis relied on socal workers to find an appropriate family for study. How can he claim, asks Valentine, that this family is representative of the community from which it was picked? In addition, the interpretations do not follow from the data. For example, Lewis states that disorganization and a narrow perspective are characteristic of the "culture of poverty," yet Valentine finds a highly organized community with churches, stores, and bars that are centers of interaction. These examples clearly are indicative of a view of the poor as sick (Valentine 1968).

Matza contributed much to our understanding of deviant behavior, and, since much of the research labels ethnic minorities as deviant, his comments on researching so-called deviants are particularly important. The central idea of Matza's argument is that the researcher should remain true to the phenomenon under study rather than to a philosophical preconception or to a concept. The researcher "must choose the subjective view...and...combine the scientific method with the distinctive tools of humanism... experience, intuition, and empathy" (Matza 1969, p. 8). Matza agrees with Valentine that the best way to understand social phenomenon is by "first hand contact," by stressing diversity, and by incorporating an appreciative posture. The aim is "to comprehend and to illuminate the subject's view and to interpret the world as it appears to him" (Matza 1969, p. 25). The researcher, however, must avoid romanticism, since, by distorting the essence of the phenomenon, it can lead to a corrective posture (Matza 1969, p. 43).

The appreciative posture demands intuition, cogent argument, evidence, and a detached familiarity with the phenomenon. The integrity of the subject, according to Matza, can be maintained primarily from an "interior" rather than from an "exterior" view, since the latter often fails to interpret the subject's viewpoint. A crucial element in the naturalist approach is the search for "a characteristic or essential feature" of the phenomenon requiring selective choosing from the "factual world" (Matza 1969, p. 27). This factual world reveals complexity instead of simplicity and identifies the overlap between the "deviant" and conventional world (Matza 1969, pp. 67–68).

Investigating subjects in their natural environment, however, does not automatically assure that researchers will not label minorities as pathological. Much of the social science literature depicts Chicanos as creators and perpetuators of their own problems (Romano 1968; Vaca 1970). The most notable examples of an ethnographic approach using a pathological perspective can be found in the works of Madsen (1964), Rubel (1966), and Clark (1959), among others.

Blauner, a Berkeley sociologist, believes that the problem with research on ethnic minorities of color is that the problems and needs of the community are rarely the starting point for theory and research. Minorities, according to Blauner, have been studied and interpreted by individuals from the dominant group in terms of theories and perspectives that are foreign to the culture and life experiences of what he calls the colonized minorities (ethnic minorities of color, i.e., blacks, Chicanos, Asians, Native Americans, and Puerto Ricans). The control exerted by professional researchers over the theories, interests, and the concepts employed has led to the loss not only of the autonomy of minorities but also of their history as well (Blauner 1973). The data collection process, whether it be interviewing or the administration of questionnaires or participant observation, is all done for the advantage of the researcher, according to Blauner. The subject rarely is made aware of the purpose or intent of the study and the interview process is one-way thing, with the interviewer providing nothing in return. This is done to preserve the "neutrality" of the investigation (Blauner 1973).

Blauner's answer to this situation is the "decolonization of research." He proposes a set of procedures designed to involve the subjects in all phases of the research enterprise: first, meaningful involvement of grassroots people in formulating and reformulating the basic assumptions and concepts of the investigation. The idea is that the grassroots people are the "real experts" of the community under study; second, an honest explanation to the people regarding the purpose of the study and its possible effects on the people regarding the purpose of the study and its possible effects on the people and the community; third, different approaches to the people under study such as unstructured and spontaneous interviews focusing on life histories in relation to the major institutions affecting their lives; and finally, payment to respondents for their time in providing information (Blauner 1973).

The increasing difficulty that people in the dominant society are experiencing in ethnic communities has automatically led to the involvement of community people in the research enterprise. It is, however, another form of exploitation, since this involvement is just a necessary step in collecting the data that lead to the same traditional theoretical orientations.

Blauner documents the difficulty interviewers have had in getting interviews, particularly from the Chicano community. My experience does not support his view. I was in charge of an interviewing team composed of Anglo, Chicano, and black interviewers where we collected over 500 interviews from Anglo, black, and Chicano adolescents with less that a 1 percent rejection rate. This, incidentally, was a study that used a person-focused orientation that attempted to explain failure in terms of people's deficiencies and where neither the intent of the study nor its consequences were made clear to the participants. The point that I want to stress is that involvement of grassroots people can lead and has led to the participants' own alienation. Blauner reminds us that social scientists played an important role in maintaining the colonial system by providing information about the inhabitants, such as social structure and statistical reports, that helped the colonist to rule more effectively without resorting to force. A similar, although less obvious, situation exists in ethnic communities of color in the United States.

Toward a Chicano Perspective

Man, according to Ortega y Gasset, generally does not live his genuine life but rather a life defined by other people in society (Ortega y Gasset 1957, p. 198). Chicanos in a sense have been forced to live someone else's experience. Knowledge about Chicanos, according to Atencio, must come only from the experiences and actions of minorities. He believes that Chicanos (as well as other minorities) "must turn this body of knowledge into an educational process of 'concientización' to develop a humanity—or better to rehumanize humanity" (Atencio 1972). Atencio argues that research should focus on the "oppressive colonial aspects that created the conditions in our community." One oppressive situation Atencio identifies within the medical profession is iatrogenic medicine "that causes the illness it is supposed to cure." Atencio stresses the need for research to critically examine "delivery systems that often act as weapons and not as sources of cure." From this, he questions whether the systems that have been part of the problem are part of the cure. Thus, according to Atencio, our diagnostic problems and Chicano lifestyles can be most effectively analyzed through independent research rather than through intermediary groups (Atencio 1972).

Romano, editor of the Chicano journal, *El Grito,* alludes to the incongruency between the diagnostic categories used by the mental health establishment and the Chicano community. Words like "deviant," "irrational," "dysfunctional," and "neurotic," he states, are not part of the barrio lexicon. The difference between the technical terms and those used in the barrio is that technical terms like "dysfunctional," "irrational," and "pathological" are separating terms. "By a word or label you separate them out. But the counterpart in the barrio are not separating terms; they are descriptive terms through which a whole series of incorporating mechanisms take place...you don't have a duality-rational/irrational, functional/dysfunctional" (Romano 1970).

Galarza believes that Chicanos should engage in "functional" research—a type of research that studies "the realities of (the Chicano) existence." One issue that emerges from the literature regarding the Chicano community is that the institutions have not served it well. This led Galarza to suggest that the Chicano should study "institutional deviancy." He defines institutional deviancy as "the tendency of an institution to depart from its moral commitment, from its statutory commitment, and from all those things it was set up to do" (Galarza 1970).

The major purpose of research in ethnic communities of color should be to assist people to live their own lives. Chicanos need to understand themselves, not in comparison to anyone else but within their own perspective. Research thus should assist in developing a minority perspective: The research enterprise for ethnic minorities must be a liberating process, since this ethnic perspective has been continuously denied in this society. No other purpose can or should be justified for research in ethnic communities of color. This, however, is easier said than done. Freire in Brazil and Atencio in Northern New Mexico have written of the importance of pursuing knowledge that can lead to effective cultural action. Finally, various research activities are reviewed where an attempt is made to discuss a variety of research issues encountered in conducting research with the Chicano community. I entitled this section "a personal note on Chicano research."

Freire's Ideas on Education[2]

Freire, the brilliant Brazilian philosopher and educator, provided insights into the type of research that could serve as a liberating force in ethnic communities. The ontological vocation of man, Freire states, is to be subject: Man becomes subject by critically reflecting on his situation within a specific time and place. Man, according to

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[2] Much of the material for this chapter comes from an article by Valasquez entitled "Alfabetización, Concientización, Educación." (Translated by the author.)

Freire, transforms himself in the act of confronting his reality—nature, institutions, and other men.

In this way man creates culture which, according to Freire, results "from all of man's activities, of the creative and recreative efforts of man, of his work in transforming nature and establishing relational dialogues....It is the systematic accumulation of the human experience, a critical and creative acquisition."

In the same manner of creating and recreating culture, man also creates history—the search for being that comes through the confrontations with men, nature, and institutions. Freire's conception of history thus is not confined to the elite or military but includes the total community.

Man can achieve his ontological vocation by adapting a critical consciousness—a depth of understanding in the interpretation of problems that then leads toward social change. Freire's method of education invites criticism through dialog. The process of literacy and the acquisition of a critical consciousness are done by means of group debates centering around various key existential situations.

Accordingly, in content, purpose, and methods, Freire would argue that research must assist man to become subject in order that he develop as a person; that he transform the world; that he establish reciprocal relationships with other men; and that he make his culture and his history. If we truly want man to be subject, Freire writes, we must prepare him for an education that liberates rather than adjusts and domesticates.

Freire's research strategy would consist of a reflection of man in the context of his cultural environment, and in our case it would be the place of Mexicans in American society. He would explore the eras both of Mexico and America and the interaction created by the confrontation of the two cultures in the United States today. He would explore the cultural transition Chicanos are undergoing and determine to what extent they are involved with the creation of their own culture and history and to what extent they are being taken by the forces of history. What is the nature of the consciousness of the Chicano community and particularly its academics? What are the consequences (and I might add for academics) of viewing and acting from a critical consciousness? Who is there to prevent this type of action from becoming fully realized?

Having analyzed the major themes of the society, Freire next would look at Chicanos in the United States. Some of the major themes he identifies would include: a heterogeneous population—economically, socially, and racially; real and perceived powerlessness within American society; the difficulty of the elders in understanding the instrumental values in American society; the bewilderment of the young middle class that their hard work and hard-earned education have brought them alienation from their ancestors; and the ontological anxiety that haunts most of us.

Atencio's Academia Model

Atencio argues that the Chicano, although a product of the Mexican experience, has not inherited its philosophical roots. Instead, Chicanos have been exposed to an objectified and legitimated body of knowledge that "mirrors both the cultural and philosophical (systematic thinking) of the Anglo American world" and the unlegitimated cultural and unsystematic (thinking) from the Mexican, and whereas the dominant values are goal oriented, i.e., instrumental, Chicano values are moral and linked to myth. This, Atencio concludes, is the nature of the "cognitive and emotional dissonance of the Chicano" (Atencio 1978). The tasks of the Chicano scholar is to document a body of knowledge from the unique experience of the Chicano. The wisdom of the people is uncovered through personal history, oral history, folklore, and art: *el oro del barrio.* This is the mission Atencio assigns to himself and his colleagues.

"It is better for a culture," Atencio writes, "to be close to its myth, for the more a group of people are identified with myth...the primal forces of society that serve to give meaning to cosmic and social phenomenon—the less destructive deviance will occur." The separation of modern culture from its myth has detached it from its essence, seeing instead "ideologies, some of which contain vestiges of myth, but most of them distorted and used to support political motives in a most negative use of irrationality." Atencio cites the Aryan Myth as the prime example (1978).

Atencio advocates for dialog that involves a central process of reflection and action culminating in *respondability:* an external action following the usual internal process of action that enables a person to adequately respond to the world. "The awareness may take him closer to myth: the thought and action spiral gives him or her the capacity to respond to the new awareness as well as to the forces that either impair or enhance his fulfillment and freedom" (Atencio 1978, p. 11). The spiral of thought and action evolves from two individuals to a group of participants sharing similar experiences and a universe of meanings. This macro spiral of thought and action aims toward consensual validation objectifying a body of knowledge from everyday experiences. Inevitably, this process leads to variation in meaning between individuals from essentially the same experience. It is from this research process that "types of experiences and behavior, case studies of particular experience and values are compiled. This body of knowledge is used as education and ultimately objectified as a basis for action" (1978).

A Personal Note on Chicano Research

If social scientists have viewed Chicanos from an external perspective, characterizing them as ahistorical, passive, "sick," un-American, and homogeneous, the initial research task is to take an internal view, a view whose perspective begins by attempting to find meaning in our life as we view it. Galarza states that there are great gaps in the history of Mexicans in the United States that no one has documented. This is what he terms the "vacant space in history." The assignment of Chicano scholars, according to Galarza, is to locate (these) gaps and develop a continuous narrative from 1900 to 1975; "...when we tie the story end to end we will be able to know what happened, then (we will be) ready to analyze."

Two personal research activities begin to address in a limited way some of the issues. The first study is a beginning effort in documenting the history of the Chicano experience through personal histories of Mexican immigrants. The second is a study of paint inhalation among Chicano *barrio* youth whose uniqueness is that it involved the subjects of the research in the analysis and interpretation of the data. It should be pointed out that the approaches developed in these studies fall short of articulating an alternative research model and fail, at this point, to answer important methodological issues.

A good place to begin is with the lives of the oldest people in our communities—those whose lives span three and sometimes four generations.[3] To this end, we have begun collecting and editing a series of stories about Mexican immigrants, attempting to present them essentially as told to us (Montiel 1976). Each is a unique history that in composite articulates the genius of the Chicano culture. The first of the series is the story of a 75-year-old woman born in an isolated mining village in Baja California, Mexico. This woman represents the generation of Mexicans who left Mexico to build a new life in a strange land. As such, it is an incomplete story as her children and her children's children have differing views of life in the United States in 1976. Nevertheless, before one can begin to understand the totality, one must understand the foundation. The story of Doña Elvira is the story of a generation that lived in two distinct societies. To Ortega y Gasset, "a generation is an integrated manner of existence...a fashion of living, which fixes itself indelibly on the individual." This is a beginning effort in what, it is hoped, will result in a work that will outline the details of a generation that shortly will no longer be. We need know what it stands for, what it believes, and why it lived its life as it did.

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[3] It should be noted that, in attempting to understand our position in this world today, we need to study not only the old, who have lived a good part of their lives, but the youth who have just begun and those caught between the young and old, the mature people who shoulder the major responsibility for keeping society functioning.

Our "method" was to tape conversations with Mexican immigrants that had lived in, and had recollections of, life in Mexico. The immigrants raised their families in the United States and now have grandchildren and in some cases great-grandchildren. These people generally do not speak English and, although they are extremely articulate, their voice has not been heard. They constitute the foundation of much of the Chicano population. It is from them that we fill the gaps in Chicano history, compare the changing family patterns, identify the value clashes with the younger generation, and, most importantly, get an internal view of the Chicano. Their unique position in history needs to be captured, for we have much to learn from them. Our conversations with the elderly attempt to follow the process of their lives and, through the analysis, develop a portrait of their collective personality. Our approach obviously is not elitist, nor can it be classified as historical in the classic sense.

Some of the people with whom we conversed were illiterate. They could neither read nor write, and most of them spoke only Spanish. It is possible that, because of this, Anglo historians and social scientists have neglected the history of Mexicans in the United States. Because they cannot communicate with the Mexican people, they have been forced to interpret the Mexican world from an external perspective.

I recognize that the memory of some of the immigrants may be inaccurate. My major interest at this time, however, is understanding the manner in which people ascribe meaning to the events. It is the subjectivity of the Mexican immigrant that is of greatest importance—his values, attitudes, opinions, motives, and overall world view. The initial intent is to get to know these people rather than the events they reconstruct.

In presenting these case studies, I have attempted to describe the recollections of the immigrants' lives as they viewed them. I refrained from interpreting their notions about life, the schools, childrearing, changes in their families and American society. It should be pointed out, however, that there are inevitable changes in meaning due to the reorganization and translation of the material.

In an exploratory study on paint inhalation among Chicano *barrio* youth, we address some of the issues discussed above. An appreciative and "internal" view of youngsters in the *barrio* and a critical analysis of the impact of institutions on *barrio* residents within a historical context are the central ideas that guide this research. Involving the subjects of the research in the analysis and interpretation of the data is the one element of this research that is unique in comparison with past attempts.

Our basic thesis is that paint inhalation among Chicano youth can best be understood within the context of their total environment—an environment that views the *barrio* as a social institution with its unique history and internal order and logic. Each society views the use of substances for mood alteration through its own perspective. It is through the cultural perspective of the Chicano community that we propose to study this phenomenon. Accordingly, an ethnographic approach that attempts to understand paint inhalation from the Chicano's cultural world, while involving members of the community, will lead us toward an appreciative understanding. Research that takes a pathological perspective has led only to focusing on the individual outside of his milieu, as if he had no past or future—only the present. An ethnographic approach with significant input in the total research process, we hope, will avoid the distortions that have occurred in the past.

We chose not to limit our attention to the numerous youngsters who have been identified as "paint sniffers" by authorities or by the underground system to which some of our research assistants have access. Instead, we attempted to view these youngsters with their immediate community, the *barrio,* the schools, the police department, the courts, the Welfare Department, and numerous other institutions having influence on their lives. In essence, our attempt was to look at the *barrio* not as a pathological entity but as a social institution that has a significant number of problems. What does the *barrio* look like to those people who live and work in it? Afterall, it is only in the environment of the family and the community that we can reach an understanding of some of the dynamics involved in the use of inhalants.

Having established an ecological perspective in our procedure, our next task was to involve individuals who knew those communities in as many aspects of the research process as possible. In an effort to penetrate the world of the *barrio,* the research project, in a sense, had to expose itself to the *barrio;* the project had to be open for all to see. This required that some of the individuals we hired be part of that community, be committed to that community, and suffer with that community.

Accordingly, we employed individuals with the intellect and sensitivity necessary to describe and analyze life as seen by people in the *barrio.* This view, however, had to be a balanced view so that the research team included a wide range of individuals, including residents of the area, a person who had worked in the area for a number of years, an individual who had done some interviewing as a research assistant several years earlier, and an individual who had had no previous contact with the area. This balance, it was hoped, would provide an appreciative, yet realistic, view of the *barrios.*

A bond among all the individuals involved in the research was a common culture. All, except one who was Panamanian, were Mexicans born in the United States and thus were able to reflect more easily an internal view of the lives of the residents, a view in which all of us shared a similar *theoretical* (institutional deviancy rather than individual pathology) and *affective* (an appreciative, internally consistent cultural view of Chicano culture) orientation. This similarity included a knowledge of the language. It is through a common language that we most accurately reflect the feelings and culture of the people.

Because they were committed, not to the project, but to the people, the fieldworkers felt that the activities of the project needed an element of practicality. First, we had to respond to requests from the community, such as assisting families who were having problems with substance abuse, working with parents or children who were having difficulties with the school, and participating in a variety of workshops and seminars in the schools and colleges in the area. A second aspect of the research that was of practical value to the residents was our unique way of involving members of the community in the analysis and interpretation of our work. In our weekly meetings, all the members of the research team, as well as interested individuals, participated in the analysis and interpretation of the data. One week the job was to review the history of a particular *barrio;* another week it was to look at the schools; during still another week we looked at how youngsters spent their time. The weekly meetings primarily served to debrief the fieldworker about the activities during the week and to monitor our performance by continually clarifying and refining our ideas about the project. We always encouraged the fieldworkers to operate within the parameters (limits) of what they felt was appropriate. They were not given specific instructions on how to collect data. We knew we had to talk to residents—young and old, alone and in groups—but it was up to the fieldworkers as to how those contacts were made or whom they contacted.

It was easy for some of our research assistants to go into the *barrio* to collect information because two had lived there all their lives and one had worked in a service agency for the last 6 years. They knew the people, and the people knew and trusted them. One of the interviewers had previously run a youth project in the inner city, and getting to kids was "easy" for him because his project had provided youngsters with jobs and had helped them when they had had problems in the community.

Our view of the *barrio* was developed in the context of its totality. We did our analysis in the context of the *barrio's* interdependent parts, for example, religion as it related to childrearing and education as it related to the economy. This we did through a variety of means: first, through an historical approach by tracing the history of the *barrio;* second, through an analysis of existing demographic data—income, health indices, household composition, etc.; third, through observation and discussion with the people in the *barrio.* We used oral histories as a vehicle for understanding the development of the *barrios* and in attempting to understand the barrio environment; and, finally, by engaging actual and potential paint sniffers in personal and group dialogs. The intent was to encourage these youngsters to analyze their situation in the context of their surroundings.

These studies raise some serious methodological problems, particularly as they relate to the avoidance of false perceptions and inappropriate generalizations. Specifically, how are they to be handled by the approach? What kinds of training techniques are we developing to increase the validity and reliability of observations? In short, the model needs to explain how it is that the research assistants "really" understand the *barrio.*

The proposed model thus is speculative in nature, and, although we have begun to address some of the questions raised above, extensive systematic study of the research and its methods remains to be done.

Conclusion

Mexicans in the United States have been negatively portrayed. A cursory review of the literature reveals that they are blamed for their problems, and in the process their history and culture have been either ignored or distorted. When Romano outlined these views in the late sixties, they created excitement among Chicano academics. An academic movement was launched that pitted Anglo-oriented "traditional" academics against Chicano-oriented "radical" academics. Many critiques echoing the same refrain have followed. What was once exciting and new, however, had become old and repetitive. The time is ripe for Chicanos to articulate their place in the world in a manner that will assist us "... not only in knowing ourselves but as much or more in freeing ourselves." This type of activity, according to Octavio Paz, "unfolds the possibility of freedom and thus is an invitation to action."

The status of research on ethnic minorities of color did not result from a conspiracy among Anglo social scientists, nor are the interpretations of the sick minority their exclusive property. Minorities—black, Asian, Chicano, Native American, Puerto Rican—have all used theoretical frameworks and research procedures which blame the victim for his disadvantaged position. The situation results from a common ideology shared by academics and from institutions that reward the social pathologists rather than the institutional critics. An intelligentsia that is dependent on institutions that reward such definitions cannot be expected to criticize and transform—it can only follow.

Chicanos in the United States are poor and have little access to the sources of power. The role of the Chicano social scientist is to document this situation and explain how it started and why it continues. Adherence to theories which legitimize the existing order by advocating the expansion of dysfunctional institutions does nothing to improve the status of Chicanos.

This essay does not attempt to provide "new" knowledge in the area of research methodology. It merely attempts to examine various key issues that need to be recognized in conducting research in the Chicano community. It is my hope that this will assist researchers, particularly Chicanos, in collecting data in the Chicano community that is accurate, sensitive, and beneficial to the community.

The methodology which many Chicano academics have committed demands an "objective" and "scientific" stance on the world and thus a separation from the investigator and the people he is studying, a subject–object relationship. This approach, because it precludes *involvement,* eliminates the intimate relationship (a subject–subject relationship) that needs to exist in the spiral of thought and action. The approach I suggest views the researcher as an "objective" insider—first, as an individual who takes his frame of reference from the values and aspirations of the Chicano community and demands subject-subject relationships based on a critical consciousness. The notion that this stance commits the researcher's time and loyalty and thus prevents conceptual distance is rejected. It is evident that all social research has a value position, either internally or externally imposed, whether explicity stated or not. This is not to deny truth but to link truth to liberation.

The relationship between the researcher and the communities and groups that are studied must always be voluntary. Entry to the field should come through negotiations. The groups, communities, and organizations must be aware that they are being studied and why. These groups should be invited, encouraged, and provided the opportunities to participate in all aspects of the study from problem formulation to analysis, interpretation, and possible use of the research. Gaining entry into the Chicano community should not be a difficult matter. There are many people in the community that welcome being associated with the university or legitimate community groups. This applies particularly to older people. *The critical issue is whether the research can serve as a liberating tool.*

There is a difference in whether a study is done through the university or through a local agency. To the former, there is little accountability to the community, in the latter, greater difficulty in conducting the research.

The legitimate questions are those that call for the survival and liberation of the Chicano community. The analysis must identify the levers for change and call for social action, i.e., *praxis.* We need to reject the notion of "objectivism" in favor of the notion that research in ethnic communities of color should of necessity be linked to the problems of living. Chicanos must recognize the implications of their efforts in enhancing the power of manipulative institutions over their lives. Chicano academics must maintain close linkages with their community and talk with, and write for, others besides themselves. Chicanos must resist the pressures that lead them to compromise at all levels of their work—the problems they study, the methods they use, the interpretations they make, and the actions they take. Recognizing these dilemmas, Chicano academics can proceed with justice, reason, and freedom in resolving the crisis in the Chicano community.

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Chapter 8

Forecasting Future Cohorts of Mexicano Elders

Ernesto Galarza, Ph.D.

It is likely that, during the next decade, Mexican–Americans will become the dominant ethnic minority in the United States. The traditional question is what to do for those within the minority who are no longer economically productive.

This question implies a commitment which persists in American society: As their vigor, skills, and marketable abilities wane, what can be done *for* the elderly? Social Security may be extended beyond the gainful years for a socially valued employment record, the purchasing power of the retired being the practical side effect of an ethically acceptable arrangement.

The feeling of success in the operation of an economic system, while fulfilling ethical obligations to its aging members, has lasted in the United States some 50 years, but it seems to be coming to an end. The system has been breached: outwardly, by the transfer of investment to foreign lands through the device of the transnational corporation; inwardly, by the migration to the United States of millions of persons seeking employment.

Among this host of immigrants, grouped in various minorities, classified by national origin and cultural derivation, those of Mexican ancestry stand foremost because of a mix of geographic proximity, historical events, economic accidents and designs, and imbalances of power.

What will the Chicano elders be like 25 or 50 years from now? What will be their socioeconomic status, their cultural orientations, their relationship to the larger society?

There is an absence of security for the minorities of industrial society on the one hand, and there is the ethical commitment to take care of them in old age on the other. Managers of an economic system can view aging as a handicap, as wasteful as technical obsolescence. But there remains the disturbing duty to take care of those who are past their productive prime. Social Security, in its multiple forms, is an effort to acknowledge, within tolerable economic limits, the moral obligation of a society to the passing generation of productive people. If a part of that generation derives from ethnic and cultural stock that differs in important respects—skin color and language especially—acceptance into protective Social Security is made more difficult. To achieve it, minorities have gone through generations of struggle against racism and other forms of prejudice.

It is a transition of this type through which the Mexican–American minority is now passing, more than 100 years after it became a minority under the Treaty of Guadalupe Hidalgo. The passage is troubled, full of uncertainty and anxiety. Only some of the major current stresses can be identified briefly:

Demographic disturbance: The mobility of population that began in the early 1900s is now pushing and pulling Mexicans by the hundreds of thousands across the border each year.

Penetrable frontiers: As the economic frontiers between Mexico and the United States have been overridden by migrant hosts, the character of the borderlands has changed from that of a formal political boundary to that of a fluid zone over which a clandestine traffic of people and goods spreads north and south.

Population pressure: South of the border, the index of growth is among the highest in the world, with a belt of border cities through which migration constantly bends and often breaks through police and legal containment.

Space compression: The States of the Southwest into which Mexican emigration has moved for the past 100 years are no longer the open rural spaces in which migrants can establish isolated *colonias* of farm laborers.

Urban expansion: The transformation of the borderlands over the past 50 years has relegated their rural economy to the role of a way station for migrant millions, creating on a massive scale a type of urban transiency almost totally hostile to the sinking of new roots for family and community.

Social dissolution: Networks of social intercourse, indispensable for human beings, can be transplanted sucessfully only if there are institutional agents responsible for the care and nourishment of the transplant. This has not happened for the migrant Mexicans.

Cultural disorientation: A culture provides a multitude of reference points on which individual living is shaped. The cultural mold prevails within tolerable limits of personal opportunity and choice; lacking this frame, there is little left for a minority other than a choice between the romantic revival of the past and the confused rejection of the future.

The disruption of social networks by the massive migration that has typified the Mexican exodus of the last 100 years is the most radical change in the Mexican immigrant's status in the 20th century. A social network, to be humanly significant, is a circle of relationships that stays within the direct personal experience of the individual. Such a circle can indeed become extended, abstract, and even symbolic, but it must be brought back periodically for validation by the experiencing individual and the social circle to which he feels a vital belonging. The emotions, the satisfactions, the skills, and the personal commitments of vital belonging can be displaced by slogans, cliches, political bromides, and manipulative jargon. When they are, social disintegration sets in.

If this is a reliable description of the affairs of the Mexican–American minority, as of the 1970s, it is a condition shared with other minorities, perhaps even with large sectors of the majority. Mexican–Americans now living in this unhappy condition, especially those growing old in American society, are truly in the mainstream of that society. From this point of view, therefore, viewing the prospects of Mexican–Americans should start from a consideration of where they are and move, with care, to responsible guesswork as to where they might be in years to come.

For the better part of this century, the population of Mexico has increased, at one of the highest national rates in the world, from about 15 million to some 60 million. As of 1978, it appears that this rate of growth will continue until the end of the century, with a probable increase to 75 million people.

The geography of the country, as well as the distribution of ownership and enjoyment of economic resources, has created a society shaped like a funnel open to the north. Mexican emigration for a century has sought outlets toward and beyond the Rio Grande. The emigration routes are in the large cities, along a border that extends nearly 2,000 miles from Tijuana to Brownsville. It is in these cities that the population pressure stays at boiling point.

This explains what may be described as the bending border between the United States and Mexico. Demographically, this border is no longer a line on the map but a zone of irregular shape with deep indentations into the United States. The advance points of these indentations have become, in turn, the recruiting sources for Mexicans who move still further north, into the northwest and central United States.

There is little research on the age distribution of this phenomenal penetration, which has permanently established communities of Mexican–Americans in Kansas City, Chicago, and Detroit. But data from school enrollments, welfare services, and census studies show two things: Young people continue to make up a large sector of the Mexican–American minority, and old people are pressing their claims for survival in increasing numbers.

The labor market is notoriously short on job opportunities for the Mexican–American youth, who must compete with white and black minority claimants for low-income employment. The adults of the minority, particularly the aging, do not control job opportunities that might be opened to the youth of that minority. Continuity of social status and economic opportunity is broken by immigration in ways which dissolve social networks and set their individual members adrift.

For neither the young nor the old is there a possibility of repairing the violent breaks with the past that emigration brings. The young become estranged from the society of their elders, who have themselves become alienated from their Mexican traditions. When the historical roots of a people are no longer renewed and nourished in their daily lives by folkways and institutional supports, the younger generation begins to feel a cultural vacuum. Both Mexico and the United States have been undergoing technological changes that have affected the traditional forms of making a living, and the young jobseekers are the first to sense this. The Mexican industrial establishment, compared to that of the United States, is obsolescent. Emigration becomes an obvious solution to unemployment. The bending frontier breaks, with large gaps through which hundreds of thousands of uprooted people move, tending to stabilize on the United States side.

As the population of Mexico grows, the pressure for movement and migration in the borderlands will increase. The northern Mexican cities will continue to bulge with jobless migrants, and the metropolitan centers in Texas, California, and Arizona will remain spillways for people in search of work.

This has been the situation for over three generations, and the effects are quite obvious—labor pools south of the border flowing, legally or not, into metropolitan reservoirs north of it. Youth—adults under 30—are pressing upon both. The proletarian sectors of the Mexican minority are continuously replenished from Mexico itself.

The cultural and psychological wrench that is experienced by the Mexican migrants, as indeed by any migrants, is a profound one. The preservation of the family must first of all depend upon the migration of the family as a unit. Fifty years ago, the conditions of emigration favored the movement of families together. An open border was one of them. Employment opportunity in agriculture was another, favored by a rural small-town environment that still prevailed in the West.

Families still emigrate together to the United States, but it has now become a migration into an urban America, whose ports of entry are mainly cities like San Diego, Los Angeles, and San Antonio. Here the emigrant has to depend upon those who preceded him—to take his initial bearings, to get the feel of the rungs of the job ladder. Until the family breadwinner accomplishes this, he either leaves his dependents behind temporarily, or they disperse on separate job hunts to piece together a living. Neither course favors the cohesion of the family, and another process of dispersion sets in.

The metropolis becomes the new cradle of culture for the Mexican migrant, into the second and third generation. In the Macro City, for a time, the Mexican migrants gathered in *barrios,* working-class enclaves which serve as their base. But the sprawl city, with its freeways and its particular forms of congestion, presses on the *barrios,* demolishing many of them and setting in motion a new migration. Moreover, the physical and functional boundaries of the *barrios* were never secure. It was essentially a labor reservoir from which its residents commuted to other parts of the city to make a living.

But these forays in search of bread and butter were more than mere daily trips to and from the job. They turned into explorations of other territory which eventually produced the emigrant *diaspora* of the present day. Over these routes new emigrants from Mexico found their way into the Southwest and beyond.

As a habitat for the young and the aging, the *barrio* has been a temporary base for cultural continuity and economic entry. Because of their surviving Mexican folkways and traditions, the *barrios* are attractive to tourists, and they will undoubtedly continue to provide local color to the Southwest, as well as convenient channels for commerce with Mexico. But in the *barrios* neither the young nor the aging can find what they most require: for youth, entry to the employment opportunities of the larger society; for the aging, a measure of security and some tokens of cultural experience that are particularly Mexican.

The stresses of a migrant culture, as far as the Mexican minority is concerned, will continue to work themselves out in an advanced urban setting, the contemporary American city. It is a setting in which, for some time to come, the Mexican–Americans, along with the other ethnic minorities, will continue to be seeking their share of the American dream, as if dreams were divisible into fair shares measured by the census count. For the aging the question will be how much of their past the elderly can be allowed to enjoy. For the young the question will be whether they can have a role in shaping a society that will look less and less like the one that is passing from the scene.

What is passing is a form of community life for Mexicans that evolved out of a century and a half of dramatic changes—changes of sovereignty, ethnic ratios, property ownership, and ways of making a living. The *barrio* was a transplant from an earlier form of social life in Mexico, an urban neighborhood into which rural folk drifted, a haven for country people evicted from the lands they had lived on for hundreds of years. The penetration of Mexico by the railroads in the last half of the 19th century and the arrival of corporate capitalist enterprise in manufacturing and commerce speeded the process. Finally, in the early decades of the 20th century, farming and marketing corporations began to take over in agriculture.

Until the very recent past, the *barrio* remained a social "happening" bypassed by the onrushing gold seekers, homesteaders, entrepeneurs, roadbuilders, and merchants of the New West. The conservationist role of the *barrio* as to language, customs, mores, and values was tolerated because it was passive. Among the traditions that were conserved was the place of the elderly in the family and the community.

That place has been eroding during the better part of this century. The reasons are clear. The environment of the *barrio* has changed drastically from rural to urban. The extended family yielded more and more to the extenuated family. Tradition loosened its hold on individual and institutional roles in group life. Mobility of the family unit and of the individual became frequent, indeed necessary. The elderly ceased being the preservers and transmitters of valued customs and beliefs. These values and beliefs declined in currency as helpful guides to conduct and models of public life. Becoming old was not the same thing as becoming experienced in commanding respect and holding authority in a community.

The economic roles of the members of the Mexican *Barrio* diminished their ethnic and social importance. A way out of the *Barrio* was opened by opportunities for obtaining a college degree, moving into the professions, gaining appointment into civil services. From these levels the best trained, the most ambitious, and the most fortunate crossed the dividing line between the past and the present.

The various influences that account for the dissolution of the *barrio* society were thus internal and external and pointed to important changes in the status roles of the elderly. Such status bore no resemblance to the carefully defined positions of prestige and community influence of the traditional rural pueblo.

To the anthropologist, the side-by-side existence of a rich variety of social organizations offers exciting possibilities for research. Exploring them can document a living history of social evolution. The contemporary *barrio* in the southwestern United States appears to be in the this position—except that, for those living in it, the issues are not academic but existential. They are also moral and political. For, in the long run, as American society does to its minority elders, so will it do to its own aging who have not attained Social Security by design or by accident.

Perhaps the most important observation that can be made of the social function of the *barrio,* in history and in contemporary life, is that it has been a provisional network of human relations contrived to meet the collective needs of a Mexican minority in exile. The network was not very finely woven or very containing. As suggested above, it has been ruptured by both internal and external strains. Many have escaped from it to join the favored class of citizens from whose ranks the more militant Chicanos have been recruited. They have scaled the first obstacle to upward mobility.

The *barrio* network that emerges more and more is not so much linkage of minority units, such as families and work groups, as it is a system of institutional services. Of these, the care of the aging is foremost in numbers served and financial cost. The clients must live out their lives under the triple handicap of age, occupational obsolescence, and alien identity.

Dependence on institutional welfare support is not peculiar to senior citizens of the Mexican–American minority. Such support is likely to become more knowledgable, articulate, and responsive, as minority professional practitioners increase in numbers and influence, thereby laying a heavy responsibility on the ethnic social workers, for they must mediate between bureaucratic organizations and minority clients who cling to fading cultural traditions and family bonds.

Social work as a profession can hardly deal with the areas of social dislocation in the lives of the migrants. For the Mexican Government, migration—legal and illegal—is a safety valve for unemployment. It is an important source of dollars-for-pesos exchange in the balance of international payments. It is one of the heavy cards that Mexican politicians can play in a defensive game against traditional opponents, the politicians in Washington.

At these high levels of international dealing, professional social work can represent only a charitable concern for the poor, the aging, and the alien. Such concern occasionally finds a voice on international forums, but it is a feeble one amid the clamor of national interests. Beyond certain limits, charity must end where it began—at home.

"At home" means the borderlands north of the Rio Grande, with extensions into the North and Midwest. There, huge pieces of an ethnic iceberg are breaking up and drifting north, no longer anchored in Mexico itself. The professional social work must deal with the shattered *barrios* and the urban pools of unemployment, from Tijuana to Kansas City, Chicago, and beyond.

Whether professional social workers can meet the demands of such a role remains to be seen. Charitable funding from the public sector responds to pressures beyond its control. Funding from private sources is not based on the political effectiveness of the client population. Social work as a profession is itself a way up and out of dependence on the ethnic group, a bridge whose traffic is controlled by nonethnic gatekeepers.

In contemporary America, this bridge is not designed to accept the stresses of heavier demands of the elderly ethnics as they fall behind in occupational capability and self-support. Those stresses, the costs of which are constantly challenged by those who manage the economy, can be eased by legislated relief and supplemented by private charity. But a modern economy such as that of the United States, tending toward domestic monopoly and beleaguered by international competitors, does not afford, without grudge, havens of repose for the masses of the elderly. Where such havens exist, they have relied on sporadic organization of pressure groups and on a lingering obedience to a national tradition of philanthropy.

Obedience to a tradition of moral obligation toward the elderly has been strained by mobility and the Macro City. The latter would not have been possible without the former, which has laid its hands on the masses of rural folk in Mexico to convert them into an urban minority in the United States. The dramatic growth of the urban centers of northern Mexico and the American Southwest has been fed by this massive displacement. It has now lasted nearly a century. It is the matrix of the social history of the Mexican minority in this country.

In the 1970s, and increasingly in the future, the residue of that history will be what happens to senior citizens of the minority. As in the recent past, it will be marked by the decline of the *barrio* as a place where the networks of human exchange can keep their original Mexican characteristics. A minority of the minority will continue to make its way out of the confinement of the ghetto-like conditions from which the *barrio* evolved. Among the more fortunate ones have been those with the talent and experience to provide leadership in the minority community. Where this minority is composed of the poor and the elderly, and the culturally alien, it is not difficult to see why so few have made that choice. During their lifetime, a social fabric has been ripping.

To begin with, when migration began in the early 1900s, rural Mexico was a society of strong family and village bonds. The elderly had a visible place in that society. That place was maintained less by power than by the prestige of age and the wisdom attributed to it. By the end of the 19th century, the mold of this society was broken, and the city *barrio* was a response to the break. In it *los viejos* retained some of their status and their social role. Even in the early decade of this century, the *barrios* of Mexican cities, like Mazatlan, retained the quality of transplants from the countryside. They were a strategic retreat of a way of life, a retreat forced by the Porfirio Diaz dictatorship of the landed aristocracy. This gave way through economic and political revolution to a national middle class, which eventually established connections and common interests with American capital. The *barrio* moved to Los Angeles, San Antonio, and Detroit.

The vigor of the transplanted Mexicans did not slacken, for it was still a young migration continually replenished from Mexico. For the elderly, however, the metropolitan urban culture which was being exchanged for the Mexican past posed new difficulties. This exchange took place over several generations, a process which has not been studied as it deserves. In perspective, such a study would reveal how much the *barrio* has shrunk as a network of community relations with the cultural stamp of its Mexican origins.

Over time, the agents of cultural maintenance of special significance to the elderly have been weakened by disuse, institutional neglect, and the distance between generations. The Spanish language becomes a second language, revived somewhat by tardy efforts at bilingual education. One ethnic anniversary—the *Cinco de Mayo*—brings the young and the old of the minority together in a momentary remembrance of folkways and of pride in a common past. The more enduring agents of culture, those in which the elderly play a significant role, have yielded and disappeared, leaving only a few remaining doctrines, rituals, or beliefs of which the elderly are the acknowledged custodians.

Characteristics of the times, affecting other sectors of American society, cultural dissolution and cultural renewal go on continuously, and the elderly pay a higher price for survival if they belong to a minority.

The question of what to do with a passing generation can raise painful dilemmas when that generation is poor and ethnically different. The elderly Mexicans are likely to be both. Their contribution to the American past depreciated with time, raising issues that may become even less relevant to the American future than they appear to be now.

Another form of alienation experienced by the older generation of Mexican–Americans has emerged out of the Chicano movement. The movement is made up of the young, the vigorous, and the hopeful. It is now well into the third generation of the Mexican migrants to the United States, each one a step further removed from the origial ethnic stock of Mexican migrants. From its ranks have come young men and women who have identified themselves with every type of social model available to them on the American scene. Through them the Mexican—American has moved toward participation in the greater American scenario, as he has moved away from a closed ethnic identity. His future does not lie in the *barrio.*

Thus, while the most articulate and aggressive claims for the Mexican—American minority are still advanced by Chicano activists whose formal base is in the ethnic community, there is not in the making a closely knit social structure of Mexican youth and Mexican elderly. The reason for this is clear: Public advocacy of Chicano causes can lead to the cooptation of the advocate by the very bureaucracies he has criticized.

In the 1960s, to the caretakers of the various Establishments—political, economic, and bureaucratic—the Chicano movement appeared threatening. Since then, the threat has diminished. Civil rights legislation has provided legal leverage for change. Public administration at high levels has admitted a few minority advocates; so have the legislative bodies of local and State jurisdictions. Private charity has financed the study and application of certain models of minority dissent. Colleges and universities have softened their stance of traditional racist privilege.

These accommodations have to do with domestic policy and the degree to which the elderly of a minority can bring their interests to bear on it. For the Mexicans, the one additional and portentous dimension is the international. America capital continues to move southward into Mexico, and Mexican manpower continues to migrate northward into the United States. Neither offers security to elderly Mexicans who are locked into the lowest levels of income and living. Vis-a-vis Mexico, United States policy regards it as a convenient marketplace midway to a system of multinational corporate development. Vis-a-vis the United States, Mexican policy must remain dependent except, as its newly found oil reserves give it a measure of bargaining power. Such bargaining is of vital importance to both countries but not to the aging citizens of either of them who, besides being old, are poor. In Mexico, their prospects are those of a people living in acute dependency on capital structures and production systems remotely directed. In the United States, their chances rest on organization and advocacy across ethnic and racial barriers.

Any prospects for the elderly of the Mexican–American minority demand critical changes in educational outreach to the elderly as a class. They will have to stress their interests in common with all elderly citizens who find themselves in the same condition in present American society, moving away from cultural maintenance and ethnic status as primary goals of collective action.

Here, perhaps, lies the crux of an American dilemma. Cultural heritage and ethnic values provide the rich overtones of individual and collective experience. Earning our daily bread is but a means to continue identifying ourselves as persons and as members of a particularities human group. The totalitarian state moves in the direction of denying, even suppressing, these particularities. The totalitarian economy absorbs or eliminates them wherever it can.

There is, evidently, a difference between the totalized man and the total one. The totalized person is one whose social signifance can be reduced to the exclusive function of producing for a system organized to support a political state. A total person is one who has been free to discover the most that he can do to fulfill personal possibilities and to enhance those possibilities in others through collective endeavors that continue through time. Achieving and maintaining a balance between these possibilities are the result of personal commitment as well as social policy. As personal belief, they can be advanced by individuals to speak for majorities. As social policy, they can be attained by collective action in democracy.

Chapter 9

A Priority List of Research Questions on the Mental Health of Chicano Elderly

Rene A. Ruiz, Ph.D., and Manuel R. Miranda, Ph.D.

Recommendations, Summary, and Conclusions

This chapter identifies and presents, in an approximate sequence of importance, a series of research questions on the Chicano elderly and mental health. The purpose is to stimulate additional research, as a means of furthering scientific understanding of the topic. Most of the material is based on information presented in the preceding eight core-content chapters; but we have supplemented this by reference to our own work, mutual discussion, and consultation with colleagues in the social and behavioral sciences.

Introduction to a Research Perspective

The central question of this chapter (in a sense, of the entire monograph) is: "How are the Chicano elderly like and unlike non-elderly Chicanos; and how are they like and unlike non-Chicanos who are either elderly or non-elderly?" This question subsumes several seemingly simple theoretical constructs: "Chicano," "aging," and "mental health." Yet these constructs are so complex that valid information on Chicano elderly which can be generalized across different ages, regions, countries of origin, and other variables too numerous to cite are not expected to emerge from the work of a single scientist, trained in one discipline, working alone, and studying small groups of Chicano elderly who reside in a few circumscribed geographic areas. This approach unfortunately typifies much of the research on the Chicano elderly, but as an alternative, we offer a set of recommendations designed to facilitate the creation of an "ideal" research perspective.

First, as an improvement on the single investigator, single discipline model, we advocate *programs* of research designed to yield information on larger units of study. The full meaning of this recommendation becomes clearer as we present research questions bearing on large areas of inquiry. Our second recommendation is that, whenever possible, research should be truly *interdisciplinary.* This calls for the integration of various scientific disciplines and involves bona fide collaboration in research design, information gathering, data analysis, and interpretation. Third, we support a *multiple measurement* approach which exploits the principle of converging operations to yield information on a single variable or set of variables. The simultaneous and judicious use of diverse measurement approaches (such as ethnography, oral histories, survey questionnaires, experimentation, and others) can only result in more and better information. Finally, since aging is essentially developmental, we recommend *longitudinal* rather than cross–sectional research designs whenever possible.

Research Questions

The preceding remarks were offered to facilitate the creation of research approaches which maximize the probability of generating valid data. Here, we proceed to the identification of those core areas—presented as a series of interrelated research questions—which we believe to be of maximum relevance in understanding mental health among Chicano elderly. Because of the complexity of the subject matter—"Chicano aging and mental health"—there is unavoidable overlap across areas of research and derived research questions. Furthermore, our priority listing is only approximate, and we recognize not everyone will agree with what we consider to be more or less important. This seems highly appropriate, however, since scientific controversy among colleagues contributes ultimately to greater understanding.

Demography

There is consensus among our authors on several interrelated points. Decades of harassment of Chicanos have resulted in a general distrust of government; subsequently, cooperation with census officials has been so poor that previous U.S. census counts of Chicanos and of Chicano elderly almost certainly underestimate the target population. Thus, because we cannot be certain how many people we should plan for, we cannot properly formulate programs for the future needs of Chicano elderly. Our authors also agree on the need for more refined information to facilitate this type of planning. Specifically, more precise information is needed on such factors as current income levels, sources of income, financial needs at various ages, employment history, employment potential (related to physical health, educational level, and other variables), and family structure and function (with special emphasis on the family as providing emotional support and care).

This extremely brief list should not be misconstrued as an attempt to define all the demographic variables to be studied. It is, instead, our attempt to communicate with greater precision the kinds of variables thought to be important in demographic surveys on the Chicano elderly and their mental health. It should be equally clear that such information underlies successful prediction. Finally, it is recognized that the 1980 census is expected to be superior to previous efforts. But still we need immediately to analyze as carefully as possible the data already in existence, prepare for the 1980 census data to be gathered, and conduct any additional searches for new information which seem necessary.

Mental Health

It is critically important to identify and measure with precision those variables which affect "mental health" among Chicano elderly. How is "adjustment to aging" influenced by differences in area of origin or residence (U.S. vs. Mexico, Southwest U.S. vs. other regions, urban-rural, inner city vs. suburb, etc.), differences in language skill (monolingual vs. bilingual, language dominance, variable literacy, etc.), differences in years and quality of education, general life experiences (including both common and unique stress, and the resulting coping mechanisms developed), physical health, and a host of other variables (some of which represent independent research questions below)?

To illustrate the complexity of this broad research issue, we can elaborate on a very few of these variables. Imagine a monolingual, Spanish-speaking elder with only 6 years of education and a history of menial employment. Such a person may be employable and useful on small farms or have some limited potential for gainful employment in a *barrio* but almost certainly would be rejected as factory or semi-skilled labor in most cities. Assuming that productive effort enhances positive self-esteem and that mental health problems are diminished when people feel good about themselves, we have then identified a situation in which "adjustment to aging" is influenced by area of residence, language, education, and work history. This "simple" example involves four interacting variables in this preliminary effort to assess adjustment to aging. Other variables readily have an impact on this formula. It is well known, for example, that poverty has a negative effect on mental health and that prejudice and discrimination function in a similar fashion. Yet, the Chicano elderly are not only poor, but they reside in a country which deprecates age and exalts youth. Thus, to assess adjustment to aging in this "simple" example, one must evaluate not only area of residence, language, education, and work history but also income, age, and history of experiences with the majority group. Again, we have identified only enough of the variables requiring more intense study to define our basic concern. But the core question remains unchanged: Which mental health variables have an impact on adjustment to aging among the Chicano aged?

The editors conceptualize "mental health" as a theoretical construct which has no meaning outside of a cultural context. Behavior (including cognitions, perceptions, emotions, sentiments, attitudes, and values, and not just "acts") may be adaptive and acceptable in one culture, yet maladaptive and prohibited in a second. The mental health behavior of Chicano elderly must be evaluated within the context of Chicano culture or else that evaluation may be specious. This point is expanded in the two research questions which follow immediately; but the theme of attending to cultural differences permeates the entire chapter.

Culture

With reference to the social science treatment of "culture," we all recognize the importance of social macro-organizations in imposing structure to human existence (e.g., the contextual "meaning" of mental health and illness), and can even agree on verbal definitions. But, as yet, we lack both a precise identification of the key variables and a refined idea of how these variables interact. We need to develop operational definitions for elusive terms ("custom," "value," "tradition," etc.), and to initiate theory construction at the most rudimentary level. Even simple statements of hypothetical relationships can serve to stimulate the underlying research which is essential to more sophisticated theory building. Basic questions such as, "Is the demographic variable 'country of nativity' related to the dependent variable 'adjustment to aging'?" lead to the definition and study of the interactive effect of a complex of *cultural* factors. That is, what are the customs, values, and traditions of the culture and subculture group under scrutiny (Chicanos and Chicano elderly); how do these and other cultural variables interact, and how do they influence outcome (adjustment to aging)? Following this research approach—simple frequency counts of unifactorial variables (demography) which are then examined for possible congruence with some variable (correlation)—one progresses to a level of analysis which involves more complicated variables: acculturation, assimilation, language and linguistics, cultural awareness, and ethnic identification.

In the interest of explaining as clearly as possible what our recommendation means, we examine one aspect of the last variable identified above: self-designated "ethnic identification." The question seems simple—"What do people call themselves?" Yet the answer reveals unsuspected complexity. Several preliminary studies indicate that the young *strongly* prefer "Chicano" and deplore "Mexican–American," whereas the elderly are offended at being labeled "Chicano." Our surmise is that "Chicano" retains its historical perjorative connotation for older *Mexicanos,* but is associated among the young with pride in race, self-assertion, and insistence on social justice. Regardless of what we believe to be the source of this obtained difference, the point is that even a simple question on "ethnic identification" immediately raises much more sophisticated questions concerning the nature of "culture." This is exactly the kind of question asking we advocate, because it leads to the desired goal: the formulation of theory concerning culture.

Cultural Continuity and Discontinuity

Our authors agree on three aspects of culture group membership. First, there is a tremendous amount of emotional support available in times of stress from interaction with fellow members of the same culture, problem solving in a familiar social environment, and thinking about, or talking about, problems in one's native tongue. Second, any factor which interferes with how a culture *functions* simultaneously reduces its stress-resistant potency. Third, and this illustrates once again the exquisite complexity of research and theory building on culture, the same factor can support cultural *continuity* or contribute to cultural *discontinuity,* depending upon the influence of other variables. For example, migration from Mexico to the United States initiates the process of acculturation. That is, it weakens identification with Mexican culture and promotes identification with the U.S. culture. But back-migration can strengthen ties with Mexico ("the good old days") or can weaken them ("how times have changed").

In sections which follow, we amplify this observation that the same variable can have opposite effects upon how well culture group membership helps a Chicano elder resist stress and adjust to old age.

Research questions also appear later, but the issue is important enough to warrant separate mention here. Below, we develop a research agenda based on *stresses* (such as economic, political, and social issues; unemployment and underemployment; undereducation; old age; generation gaps; culture conflicts; and others) and the interaction of these stresses which can either enhance or disrupt cultural continuity (migration and back migration, urban dwelling and transience, renewal projects which penetrate and alter *barrios,* high and low population density, and others).

Old Age

As literature reviews in this volume (and others) show, most current research on the elderly is conducted in terms of some form of age cohorts, for example, the young-old: 45–54 years; the middle-old: 55–64; the old-old: 65–74; and the very old-old: 75+. This makes eminent sense in the study of the aged, particularly among Chicano elderly who age faster due to less adequate health care, general deprivation in related services such as housing and nutrition, longer work histories, higher rates of manual labor, and a host of other debilitating factors. It seems worthwhile, however, to question whether these particular age groupings are the best in terms of their heuristic and explanatory functions. Obviously, these categories were created for numerical convenience rather than on an empirical basis in terms of some theoretical rationale. While the verbal labels communicate clearly (e.g., "young-old"), perhaps the operational definitions would differ if the numbers were based on research, rather than speculation. The obvious variables worthy of exploration to answer this question include self-report ("When did you first become aware that you were no longer young?"), age perceptions of significant others ("What was your father's/mother's chronological age when you realized they were no longer young?"), activity levels (i.e., energy output in terms of both ideal and actual estimates), general health (based on medical examination and symptom checklist; not just global self-report ratings), and other biological and physiological indices (muscle and skin tone, metabolism rates, etc.)

Once empirically derived age cohorts are established, it makes sense to exploit this formulation to yield better and more refined information. For example, there seems to be majority agreement that Chicanos age faster in the sense of showing physical deterioration at earlier ages, almost certainly because of the numerous debiliating factors they are exposed to throughout life. Yet, there is a dearth of research on aging which uses the age-cohort approach to study the differential effects of ethnicity, age, sex, culture, work, stress, or support. In this general context, we emphasize through repetition our earlier call for longitudinal research. While the application of this approach is self-limiting because of the abbreviated longevity of the target population, it nevertheless represents an extremely powerful tool for generating new information.

Adjustment to Aging

It is well known that income and health are the two variables of primary importance in determining how well people adjust to the aging process. High income and good health tend to promote happiness, while poverty and illness have the opposite effect. However, we also support the search for all those second-order variables which have the same effect, even if of diminished intensity. Furthermore, it must be kept in mind that the target population is culturally different, which means that new variables may exist and/or that other variables do not have an impact as assumed. From this point on, we deal in greater detail with those variables which seem to have the greatest influence on adjustment to aging: family life, available support, environmental familiarity, and others.

Epidemiology

The core question here concerns the physical health of Chicano elderly and the quality of care they receive. First, more objective information is called for, based on medical examinations, not just self-report through survey questionnaires. This approach has the additional benefit of identifying any currently unknown subgroups of Chicano elderly which might be at special risk because of genetic endowment, environmental experiences, or the interaction between these two variables.

Second, in the context of response to physical illness, we need to obtain more reliable information on rates of self-referral; types of intervention sought and provided; the overall quality of health-care delivery systems; and the frequency, duration, and modal type of institutional placement (e.g., nursing home, hospitalization, other). An intimately related question concerns the availability and frequency of use of facilities specifically designed for the use of the Chicano elderly. As a model, one might consider and examine Jewish Homes for the Aged. They create highly homogeneous environments in which the residents speak the same language, celebrate the same religious holidays, eat the same foods, and in many other ways recreate the cultural setting of their youth. The effects appear salubrious for elderly Jews, and we need to consider such homes as models for the care of Chicano elderly. Obvious questions are: Do we want/need them? What are cultural attitudes toward institutionalization of Chicano elderly as opposed to family care or continued private living together as married grandparents? Are there subgroups of Chicano elderly for whom this type of residential life would be particularly beneficial or especially harmful? Finally, if the idea of a Chicano Home for the Aged were to gain acceptance, what are other necessary components beyond language, food, and religion?

The third general area of inquiry concerns an expansion of the preceding question. Traditionally, sick old people have been institutionalized for either physical or emotional problems in Federal, State, or county hospitals, or in privately funded homes of various types. In philosophical opposition to institutionalization is the more recent community mental health center (CMHC) movement, with its emphasis that people return to physical and mental health more quickly when they recuperate in familiar surroundings. In those exceedlingly rare instances in which culturally relevant treatment methods are available for the people who need them (e.g., Spanish-speaking service delivery personnel for patients or clients who are Spanish-monolingual), Chicanos come for help. The role of the CMHC is expanding, and we need to assess its impact upon the care of Chicano elderly. As a group, Chicano elderly have varied and complex needs, are not always fluent in English, and sometimes avoid governmental bureaucracies even when their needs are urgent. Thus, we need to know more about the types of services offered by CMHCs (especially in the *barrios)*, the special skills of their personnel (Spanish fluency and cultural sensitivity), and how "return to the community" is defined.

Diagnosis and Treatment

Aging is associated with a host of obvious physical health problems which society recognizes and at least attempts to deal with. This category includes decline in physical health, loss of sensory acuity and motor skills, decreased resistance to disease, and longer periods of recuperation. People with these problems have recourse to hospitals, nursing homes, other institutions, a limited range of medications, hearing aids, eye glasses, orthopedic devices, crutches and canes.

But there are other problems associated with aging, much less obvious than a decline in physical health, which are equally or perhaps even more stressful and painful, yet which society ignores or minimizes in importance. The technical terms are "depression" and "anxiety"; but the psychological experiences are more commonly described as loneliness, social isolation, the pain of living alone as a widow or widower, geographic or emotional distance from the family, the loss of old friends, the potential loss of self-esteem associated with unwanted retirement or with other role changes such as reduced childrearing, and the significant distress which accompanies gradually increasing decrepitude. High-frequency reactions to these life experiences include elevated suicide rates, excessive use of alcohol, and abuse of other drugs.

The basic questions which emerge from this situation concern the validity of diagnostic and treatment procedures for Chicano elderly. What are the nature, frequency, and severity of these "obvious" and "subtle" problems among Chicano elderly? How accurate are the diagnostic criteria for Chicano elderly compared to non-Chicano elderly? Why are Chicano elders hospitalized relatively more frequently with diagnoses of "chronic brain syndrome?" Is it because of a bona fide disease process or because of inadequate examinations by culturally different diagnosticians? How well do traditional methods (e.g., mood-elevating medication for depressed elders) work for Chicanos? And, finally, what elements of Chicano culture can be used to alleviate stress associated with these kinds of problems among Chicano elders? While the focus is on the stimulation of more research rather than the development of new treatment programs, it should be obvious that the development and validation of culturally relevant treatment methods will advance science while simultaneously benefiting a distressed population.

Family

Family, as a synonym for family life, is a factor of absolutely critical importance in understanding Chicano culture, Chicano elderly, Chicano attitudes toward aging, and Chicano perceptions of mental health. We have a data base on Chicano family life, but it requires expansion followed by generalization to the study of aging and mental health. We know that extended families are more common than nuclear families and that a modified extended family is emerging as a function of modernization and urbanization, combined with an apparent reluctance to surrender completely the traditional ways. We know that a fictive kinship system, *compadrazgo,* continues to thrive, possibly because it retains its emotional support function despite so many other changes in the greater social environment. We know, too, that Chicano families are larger and that family visiting remains high compared to other ethnic groups. And we know that Chicano elders prefer living close to their relatives and will change residence rather than impose geographic distance between themselves and their offspring.

We also know that individual and family roles change as people age. The *pattern* and *form* of role changes associated with aging among Chicanos is almost certainly different than among non-Chicanos. The immediate source for this difference lies in the unique aspects of Chicano family life but indirectly can be attributed to differences in Chicano culture and/or ethnicity. The first example which comes to mind concerns Chicano grandmothers. Since grandchildren reside with grandparents more commonly in Chicano households, it seems reasonable to infer that the childrearing role for Chicana grandmothers declines less precipitously than it does for non-Chicana grandmothers. With respect to male oldsters, the loss of the primary wage-earner role may be much more traumatic for Chicanos than for non-Chicanos, since family incomes are lower and the loss of income is a proportionately greater decrement. Furthermore, the reduction in standard of living is exacerbated by the relative absence of supplementary income—maturing bonds, stock dividends, Keogh plans, IRAs, and other deferred-income plans more common in the middle and upper socioeconomic status (SES) classes.

The analysis of a seemingly simple issue has once again yielded a complex interaction requiring research intervention for clarification. We began by examining how changes in individual and family role behavior occur as people age, but we quickly identified a hypothesis involving a possible interaction effect with sex. Is aging less stressful for Chicanas than Chicanos, since grandmothers continue to fulfill an important role in their families, while grandfather roles decline or disappear? Such a possibility reaffirms our conviction that this area of study is exquisitely complex and that culture-group membership is a critically important variable in the study of mental health among Chicano elders.

Continued analysis of Chicano family life and role behavior yields a complex of additional research questions on aging and mental health: What variables influence the relative frequencies of nuclear, extended, and modified families among Chicanos? How do these three forms of family structure vary with respect to stress reduction? Are role behaviors (including sex-role behaviors such as the *macho*) expressed differentially in these three family types? And, if so, in what ways do they facilitate or impede adjustment to aging? In what exact ways does family living differ from institutional residence among Chicano elderly requiring supervision and/or physical care? It is commonly believed that family life is superior to institutionalization with respect to the satisfaction of psychological needs (and future research may prove this belief to be true), but at what point do Chicanos believe that health needs should assume priority? Can family ties become so close that adjustment to aging is impaired, and, if so, what are the intervening variables, and what are the limits; does family cohesion increase or decrease, and does the emotional support provided by family living flourish or diminish, as a function of residence in a *barrio,* in a non-Chicano suburb, in areas of high vs. low population density, with people who are culturally like vs. unlike the Chicano elder?

Naturalistic Support Systems

The issue of naturalistic systems of social support as alternatives to institutionalized agencies requires more study. There is no shortage of research demonstrating that Chicanos have one of the lowest utilization rates of mental health services in the United States. Natural networks have been offered as a possible explanation for this discrepancy. The premise is that such networks are relevant and functional for Chicanos because they are culturally appropriate and historically based. It is argued that the Chicano elder will be most attracted to these natural networks as a result of their responsiveness to long-standing cultural patterns. The continuing impact of the historical, generational, and culturally imprinted natural support systems must be consideed as a viable part of the elderly's social system. Whether these systems will have a significant effect upon the lives of younger Chicanos is not clear, but the conditioning influences of past cultural-historical beliefs can be expected to affect the expectations of the elderly.

These natural support systems must be studied to identify how they can be enhanced to effectively provide even more mental health benefits for the Chicano elderly. Analysis of a variety of interactive factors must also be initiated: urban vs. rural features of the networks; cross-class factors which influence the giving and receiving of help; and intergenerational differences.

Various authors have suggested the existence of different categories of natural networks. It is not clear, however, whether one type of support system is more effective in meeting certain kinds of needs relative to other types (e.g., Are "link person" or "aggregate" networks more effective in meeting the mental health needs of the elderly?). Additional research is needed on the question of whether one type of network is more appropriate for certain phases of the life cycle (e.g., Are "kinship" networks more significant to the elderly relative than "link person" networks?). The effectiveness of a variety of networks must be compared in terms of meeting the needs of the elderly relative to younger Chicanos.

The literature suggests that most natural networks involve a process of reciprocity. It is believed that the Chicano elderly find it difficult to accept assistance unless the opportunity exists for an exchange of assistance or service. To increase reciprocity in the area of mental health services, it is necessary to reduce the status discrepancy between client and therapist and to redefine the relationship as one of mutual assistance. The implications are enormous for mental health agencies. Of special research interest is the question of how well the reciprocity model cuts across levels of acculturation or social class. Do differential expectations for reciprocity exist equally among low, medium, and high SES members; among Chicanos who are high and low in acculturation; and do SES and acculturation interact?

Although a variety of other research questions emerge in relation to natural networks, a key issue revolves around the development of cooperative relations between agencies and natural networks. Various authors in this monograph have suggested that a collaborative relationship would prove most beneficial in meeting the emotional and physical needs of the elderly. Documentation of such collaborative relationships tends to support the notion of increased effectiveness. Questions remain, however, concerning which settings or conditions are most effective. Do collaborative arrangements flourish only with agencies predominantly staffed by bilingual-bicultural personnel, or can Anglo-oriented agencies develop effective working relationships? Are certain types of emotional problems (e.g., psychosis, terminal illness, drug abuse) more responsive to collaborative relationships? The complexity of these questions calls for the development of sophisticated research programs far exceeding what has already been accomplished.

Organization Activities

Activity theory postulates that senescence is accelerated by physical, intellectual, or social inactivity. Exercise retards physical decline, continued use of mental factors slows down senility, socializing is antithetical to loneliness—just "doing things" seems beneficial for the elderly. As stated earlier, Chicano family size is large and family visiting is high, and so this is one type of salubrious activity for Chicano elders. But participation in social, particularly political, organizations is relatively low. Thus, the questions which emerge are these: Which activities for the Chicano elderly are beneficial and which are not? How can salubrious social interaction be increased? Will the negative effects of aging be minimized and/or eliminated (as assumed), if Chicano elderly join more organizations and engage in a broader range of activities? If so, which organizations and which activities? Is it therapeutic to encourage Chicano elderly to approach organizations which have historically excluded them (such as country clubs, to give an extreme example) or to engage in activities which have been discouraged by the greater society (e.g., political organization and voting)?

It should also be noted that, while political organization and activity are no panacea for the problems of the elderly (or, for that matter, for anyone), political inactivity results in political impotence. Furthermore, recognition of the inability to direct one's own life is clearly erosive to positive self-esteem. While this series of interlocking assumptions is presented as an assertion, it can easily be translated into several interrelated research questions: Since more activity is considered therapeutic, wouldn't more political activity be beneficial? Might not political activity be beneficial because of the social component—that is, meeting more people? And, finally, wouldn't greater political activity have a positive impact upon self-esteem, since the elderly would legitimately feel they were exerting greater control over their lives?

Recreational Activities

A commonly accepted cliche concerning recreation following retirement from productive work is that of an Anglo banker who collects stamps, clips coupons, and plays golf, while his wife raises prize-winning roses and does volunteer work at the local hospital. In addition to being racist and sexist, this cliche is far removed from the reality of the day-to-day life experience of the Chicano elder. First, as we have seen, Chicanos are more likely to remain employed on reaching retirement age because of economic necessity. Second, as discussed in the section immediately preceding, Chicano elderly require meaningful activity to remain alert, just as non-Chicano elderly do. But third, and this is the main point, the activities described above are unquestionably foreign to most Chicano elderly. Thus, the research question becomes: What recreational activities are maximally therapeutic for Chicano elderly in terms of maintaining morale, enhancing self-esteem, and retarding the negative aspects of the aging process?

In seeking an answer to this question, the special attributes of the target group should be kept in mind. Over 58 percent are foreign-born and thus have a relatively rare experience compared to most residents of the United States. As a group, Chicano elderly also are largely bilingual and bicultural. Whether for pay or as volunteer workers, these assets and others make them potentially valuable contributors to a wide variety of settings. They can serve, for example, as translators, facilitators in therapeutic or service delivery agencies, paraprofessionals, and health-care personnel for the aged.

Economic Resources

There are numerous references to the Chicano elderly as being in double jeopardy because of their membership in an ethnic minority group and an age bracket which is perceived unfavorable in the United States. In addition, they are poor, hence the occasional term, "triple jeopardy." Chicanos are known to earn lower incomes throughout the life cycle, even lower at the upper ages. Thus, Chicano elderly subsist on relatively smaller dollar incomes—regardless of whether one considers private or public sources of funding—despite economic needs which are the same or possibly even higher, since their health is poorer and their medical expenses can thus be expected to be greater. It is assumed, but with less solid documentation, that the noncash benefits of Chicano elderly are equally depressed. That is, with respect to the mental health and related needs of Chicano elderly, it is believed that they are less often recipients of medicare, medical aid, food stamps, hot meal programs, home-care visits, and so on.

The first research question concerns more adequate assessment of the hypothesis that the Chicano elderly are deprived of their fair share of noncash benefits. Second, we need to assess the extent to which adjustment to aging is impaired by the factors of absolute and relative poverty (both of which increase with age) as measured by dollar income and noncash benefits. Third, those readers who share the bias of the editors, that continued economic exploitation of the aged is unacceptable, will initiate the research and service programs necessary to remediate an oppressive situation.

The next group of research questions concerns the fact of Chicano overrepresentation in the lowest SES group. This means that Chicanos are most likely to be menially employed as unskilled or blue-collar labor; have higher rates of unemployment; receive less compensation; report less income (if any) from investment, whether savings, stocks, or bonds; and reside in poorer neighborhoods and live in humbler homes. It goes without saying that it is extremely rare for members of the lowest SES groups to own their own businesses, to occupy managerial positions, or to complete more than the most limited years of education.

Census reports and other demographic surveys report the emergence of a small Chicano middle class. As more and more Chicanos enter the middle class, the Chicano elderly (who are doomed to remain poor) will become relatively more impoverished compared even to their ethnic peers. Chicano elderly will remain poor because their period of economic productivity is essentially over, they show the least promise for programs in vocational retraining, their health is at its worse, and they are the least attractive to prospective employers. The question of global relevance is: What will be the impact on the mental health of Chicano elders, as even greater distance is placed between the handful of Chicanos who rise from poverty to middle-class status? Will the effect be positive because of pride in the accomplishments of their offsprings? Will they derive pleasure and an improved standard of living as their offspring earn a few more dollars? Or will the effects be negative because of envy and frustration that they were deprived of similar opportunities in their youth and resentment as their children and grandchildren leave *barrios*, become more conversant with Anglo life, and presumably become more acculturated?

Ethnohistory

The majority of Chicano elderly were born in rural Mexico. For many, at least part of their socialization was Mexican, which is not at all the same thing as Mexican–American or American. Thus, many elders have attitudes, beliefs, expectations, and anticipated roles relevant to aging which originated in little villages of Mexico but which are being experienced in the urban United States. In contrast, most of their children and grandchildren were born in the U.S., and their education and socialization are subsequently based largely on U.S., not Mexican, values. These children and grandchildren not only differ from their ancestors in terms of country of birth but also in terms of all the elements associated with cultural awareness, loyalty, and identification, e.g., language preference, historical knowledge, adherence to tradition, attitudes, customs, values, and dietary preferences.

To state the obvious, this discrepancy between the lives of the Chicano elderly and their offspring represents a classical description—almost an operational definition—of a "generation gap" and/or a "culture conflict." This must be a source of tremendous stress for the Chicano elderly and doubtless represents an extreme threat to their emotional stability. We need to study this situation. The questions are: How intense is this stress? How serious are its effects? What variables mitigate deleterious effects? And, finally, what aspects of this situation (if any) can be altered to improve the mental health of Chicano elderly?

Expanding upon the concept of a culture conflict and focusing more on individual development, we find life experiences bearing on emotional stress and life adjustment which warrant serious and intensive research investigation. At the most broad level of analysis, one needs to ask: What is the frequency of back-migration among the Chicano elderly, and what is its impact on mental health? As noted earlier, back-migration could be facilitative or frustrating, depending upon the expectations one entertains when returning to the place of birth and the experiences one encounters. To complicate the answer to this question, Mexican villages have been changing over the past 40-60 years and are now different from what the old people experienced in their youth. A related category of questions which follows is: What is the effect of growing up with one set of expectancies and values and growing old and experiencing something different? How are traditional Mexican values changing—both in Mexico and in the US—and how do these changes in *respeto, dignidad, machismo* (and other sex roles), *personalismo,* and religion influence adjustment among the Chicano elderly?

Additional justification to recommend research from the ethnohistorical perspective is the observation that the relative majority of Chicano elders born in Mexico is diminishing. The best estimate is that, sometime around 1984, Chicano elderly should be equally divided between Mexican and United States born. It is also predicted that the ratio of Mexican- to U.S.-born Chicano elderly should continue to decrease for at least the next 20 to 30 years. Beyond this time, it is difficult to predict country of origin for Chicanos over 45 years of age because of current patterns, and possible future changes, in migration and back-migration. Predictions prior to the year 2000 seem fairly safe (barring unforseen circumstances); but, even so, caution is urged until the compilation and examination of 1980 census data for confirmation. In any event, the key question is: What are the sequelae of changes in the ratio of foreign- vs. domestic-birth origins among older Chicanos? It seems reasonable to assume that Chicano elders born in the United States would tend to be more acculturated. What does this mean with respect to symptom formation, presenting complaints, diagnosis, treatment, response rates, and other mental health factors? Will the need for culturally relevant services decline as more and more Chicanos become increasingly acculturated? Will there be less estrangement when all family members are U.S.-born than when the Chicano elder is Mexican-born and the offspring are U.S.-born? Will U.S.-born

Chicano elders have lower expectations for traditional Mexican treatment of the old—*respecto* and *dignidad* —and thereby experience less frustration? Or is it possible that the U.S.-born Chicano elder who develops mental health problems may experience even greater loneliness, nostalgia, and/or homesickness for a country never seen?

Rural–Urban Origins

This area of recommended research is intimately related to the preceding discussion on the need for an ethnohistorical research perspective. Just as Chicano elderly will gradually shift from predominantly Mexican-born to U.S.-born, so they are shifting from rural to urban origins. Mexicans who came to the United States as young adults around the time of the 1901 Mexican revolution are either already deceased or else rapidly approaching the ends of their lives. The Mexicans who immigrated in the next generation, as a result of the political, social, and economic upheavals which typically follow revolutions, represent the majority of that 58 percent of the Chicano elderly with Mexican origins.

Immigration from Mexico to the United States in the post-1910 period was largely from small agriculturally based villages with traditions of fairly firm adherence to Mexican rural culture. During World War II, and especially during the Korean and Vietnam activities, immigration from Mexico to the United States skyrocketed again, primarily because the war economy of the United States created economic opportunities for underemployed Mexicans. This time, however, their origins were mostly *urban* , rather than rural. Thus, Chicanos who are elderly today are very different from those expected to become elderly in the next 20-to 30-year period in terms of rural-urban origins. They will also differ, of course, on the other important variables discussed earlier: country of nativity, reasons for migration, etc. The research implications of this anticipated shift are important and vast but overlap partially with the agenda defined in the preceding section.

The basic question is whether this shift from rural to urban origins among those Chicano elderly born in Mexico will lead to a weakening of commitment to Mexican culture. If this should prove to be the case, it is another reason we may anticipate different sets of mental health problems among Chicano elderly which will require different—perhaps, as yet, undeveloped—intervention strategies and treatment approaches.

Urban Life

It is also well known that the vast majority of Chicanos reside in cities and that most of the Chicano elderly live in *barrios* with high population densities and with neighbors who are similar with respect to ethnicity, language, religion, custom, tradition, diet, and other cultural indices. This type of homogeneous living arrangement is conducive to mental health, but we call for corroboratory research. Questions are: What are the stress-resistant and emotion-support functions of *barrio* life? How can these components, once identified, be generalized to culturally relevant mental health treatment programs? Can the *barrio* be studied as a social laboratory—for example, to learn how people with common interests form groups, interact, and behave to resolve mutual problems such as "adjustment to aging?"

International Relationships

As this chapter is being written, the United States is becoming acutely and uncomfortably aware of its dependence on foreign oil, as attested by gas shortages and lines, strikes protesting government plans to stretch out available oil supplies, and a spate of political speeches. Simultaneously, interest is being expressed in the news media concerning allegedly huge oil discoveries in Mexico. Interacting with this energy shortage are a series of morbid predictions: worldwide economic depression, continued inflation, international unrest, and other elements disruptive to personal and group stability. The issue is that the relationship between Mexico and the United States which is certain to continue changing rapidly in an unknown direction; and the question is: How will future change influence mental health among the Chicano elderly? Will stresses increase or decrease? Will Chicano elderly be treated better or worse? Will they be singled out for special attention, and, if so, will the effect be salubrious or not? How will economic and/or international upheavals affect Chicano elderly, and how will they respond?

Conclusion

The major purpose of this chapter has been to foster additional research on the mental health of Chicano elderly. We began by identifying an ideal research perspective which is based on programs of research rather than single-topic studies, interdisciplinary collaboration involving multiple measurement approaches to unravel the complexity of the subject matter, and longitudinal research to study the developmental aspects of aging. We recommend continuation of demographic surveys, followed by or combined with intensive research investigation of the exquisitely complex variables of mental health, culture, and aging. Information generated by application of this research perspective to the study of all 17 research questions identified above is crucial to any kind of sophisticated understanding of mental health among the Chicano elderly.

The next purpose of the chapter was to initiate whatever processes are necessary to begin work on the recommended research tasks. This work involves the development of the appropriate designs and methodologies, the creation and validation of the necessary instrumentation, the identification of research problems which are feasible and interesting, and the selection of the appropriate samples and sites. In addition, other events must occur, or this kind of research will not be started. Specific reference is to: (1) the creation and/or support of a cadre of researchers who possess both the necessary scientific training and the essential skills in cultural sensitivity and language fluency; (2) the stimulation of interest in research on the mental health of Chicano elderly; (3) the availability of adequate funding to subsidize this research, whether from private or public sources; and (4) the merging of these three preceding points, possibly through the medium of national advertising. These points are complex expressions of political, social, economic, and individual movements at the national level. They require more detailed discussion, but this is deferred until the succeeding chapter.

Finally, it our belief that the goal of this chapter comes closer to being actualized with a concluding recommendation. Basically, we are calling for the creation of a national center on the mental health of Chicano elderly with two important functions: (1) to generate research and (2) to facilitate the storage and retrieval of relevant information. In addition to the obvious needs for information identified earlier as "research questions," such a center could establish closer ties with Hispanic social scientists in other countries and thereby facilitate, perhaps even sponsor, some of the cross-national, cross-cultural research which is necessary for a thorough understanding of Chicanos and their life experiences.

Before departing from this final recommendation, it should be noted that some similar work has been done which may serve as a model for what we suggest. First, there is the Spanish Speaking Mental Health Research Center, housed at UCLA and funded by NIMH, which simultaneously generates research and maintains a computerized bibliographic system on the topic of Latino mental health. Second, there is the Center on Aging at San Diego State University; third, the Ethel Percy Andrus Gerontology Center on Aging at USC; and fourth, the Duke University Center for the Study of Aging and Human Development. These centers conduct research on the elderly regardless of ethnicity, maintain reference libraries, and are funded by the Administration on Aging. But these are models only. What we recommend is the creation of a Research Institute, with permanent facilities, staff, and funding; with both a research and bibliographic function; and with its focus of study on the mental health of the Chicano elderly.

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Chapter 10

Research on the Chicano Elderly: Theoretical and Methodological Issues

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Introduction

The preceding chapter has outlined an ideal research perspective and identified a series of research questions based on the eight core content chapters, plus additional needs articulated by others attempting to gain insight into the plight of the Chicano elderly. This is a beginning approach to the long and complex task of unraveling the multiple mysteries surrounding this much misunderstood population. Following the collection of a well-documented base of empirical data, we need to begin to develop theories or models capable of guiding future research on the Chicano elderly for purposes of integrating the obtained findings and to foster better understanding of the topic under study. Finally, we need to use both data and theory to develop and implement policy statements affecting the funding of social benefit programs for the Chicano elderly.

There have been numerous criticisms of the research perspective adopted as well as the kinds of questions asked in research on the Chicano elderly. The chapter by Montiel, for example, complains of the absence of methodologically sound articles on the Spanish-speaking population, attributing the problem primarily to cultural insensitivity, since much previous work has been conducted by researchers minimally familiar with the culture. A second criticism concerns inappropriate theoretical models stressing pathology as opposed to health within the culture. This criticism is not unique to Montiel and has been expressed by others during the past 15 years. The essence of both criticisms is that most sociopsychological explanations of deviance in ethnic minority communities (e.g., so-called "cultures of poverty," dependency on family, low-achievement motivation, etc.) assume pathology, whether in terms of personal attributes, family disruption, or cultural deprivation, in identifying root causes for behavior which differs from the majority population. This exclusion or deemphasis of explanatory factors external to the individual in a cultural context has provided the major obstacle in developing valid insights into the various ethnic communities.

The continued use of individual or cultural pathology to explain complex, multicausal behavior severely limits the advancement of our understanding of aging within Chicano communities. The interpersonal pathology or cultural deprivation models are seriously inadequate in that: (1) They retard rather than advance knowledge, since they ignore specific life experiences which affect aging; (2) they fail to consider cultural relativism; (3) they fail to account for how history, particularly ethnohistory determines the development of specific lifestyles and expectations; (4) they ignore significant degrees of diversity within the Chicano population, particularly as it relates to the development of intervention programs; and (5) they fail to consider oppressive institutional policies frequently responsible for many of the seemingly "deviant" behaviors observable in the Chicano community.

Very few of the models developed to explain the elderly pertain to Chicanos; and *none* has systematically developed and validated which attempts to predict behavior and/or attitudes. As is true of most social science theory, the few data-based studies available have been conducted from a white, middle-class perspective with minimal attention paid to the five oriticisms raised in the preceding paragraph. The absence of valid theory and data on the Chicano elderly means that they are excluded from social benefits programs or are the recipients of culturally irrelevant programs, despite the mandate of the Older Americans Act which assigns priority to the needs of elderly from racial/ethnic minority groups.

To transcend these misleading trends in previous research, future theoretical development must become increasingly sensitive to the cultural and personal history of individuals living within the various ethnic enclaves in our society. In addition to the general issues of physical and economic decline, expectations stemming from cultural orientations as to how one should conduct himself in later life must be considered, if one wishes to effectively understand the needs of the Chicano elderly—or any other elderly ethnic population. With this in mind, the following sections of this chapter attempt to explore issues pertinent to the development of culturally appropriate theory and to methodological considerations key in the development of future research paradigms on the Chicano elderly.

Issues in the Development of Culturally Relevant Theory

A combination of action by civil rights activists and social scientists concerned with the issue of validity in conceptualization and measurement stimulated a variety of attacks on the concept of "cultural deficit." The result was the substitution of a label which was more humane, technically more accurate, and had more validity from the scientific perspective. This new label—"culturally different"—recognizes that individuals from culturally different backgrounds manifest "different," not "deficient," behaviors in terms of their personal lives, interpersonal relations, communication styles, and overall life goals. The "culturally different" perspective stresses logical errors intrinsic to the examination of one culture through the viewpoint of another. Stress is on cultural relativism in understanding observed differences in behavior or attitudes compared to the dominant society.

While acknowledging the sincerity of this work and its attempts to bring more humanistic perspectives to the study of individual differences, we tend to agree with the concern of others (e.g., Valentine 1971) that the "culturally different" label may create as many problems as it resolves. This is not to imply that we give little weight to the significance of culture in explaining behavior within the Chicano community. More often than not, we have been accused of just the opposite. However, the concept of cultural difference has set up a variety of obstacles in better understanding the significance of cultural heritage in shaping human development.

With respect to theory, the assumption frequently has been made that the Chicano culture is so different from that of the dominant society that all previous theories of human development have little or no valid applicability. This extreme position neglects the high degree of variation within the Chicano community, while simultaneously obscuring the significance of biculturalism. For purposes of this discussion, biculturalism may be defined as the development of a knowledge base affording flexibility in relating to more than one set of norms or values. From a theoretical perspective, we can not totally agree that the assumptions which underlie theories on "Western personality" have absolutely no relevance to Chicanos. At the most simplistic level of explanation, for example. we believe that the law of effect—the observation that organisms modify their behavior to obtain rewards and avoid punishment—generalizes across cultures. Furthermore, the ultimate function of all cultures appears to be universal, that is, the preservation of life for group members. The manner in which this goal is achieved, however, varies across culture groups.

In relation to service delivery, the problem becomes one of negating the utility of all traditional social service intervention programs on the dubious assumption of invalidity when applied to Chicano clients. To assume that most members of the Chicano community react uniformly in terms of their acceptance (or rejection) of social services is inaccurate. Variability among Chicanos is quite high; thus, the issue of whether culturally relevant treatment methods are necessary depends upon the degree of acculturation of the individual client or patient.

Our major concern is to avoid the logical error of assuming that Chicano and non-Chicano lifestyles are mutually exclusive and that Chicano patterns of adjustments thus automatically conflict with the dominant culture. *There is no question that differences exist.* However, an uncritical or overly generalized emphasis upon cultural differences frequently results in a belief about inevitable cultural conflict. This perception, in turn, can be easily altered to support the assumption that most problems manifested within Chicano communities are a consequence of these differences. Thus, "culturally different" reverts to "cultural deficit," particularly among those having difficulty in understanding cultural relativism.

The generation of a conflict model resulting from inappropriate generalizations about cultural differences has served to perpetuate research studies attempting to correlate behavioral disturbances (within the Chicano community) with these assumed cultural differences. In addition, the conflict model prevents the discovery or study of behavior that is truly *different* but not conflictual or pathological in its expression.

An example comes from examination of how adults from different cultural backgrounds perceive their responsibilities in relation to: themselves, their families, and their community. At the most general level, it is said that Anglos attend to work roles and derive a sense of identity from success vs. failure in work. In contrast, the family is granted priority within the personal identification system of Chicanos (the assumption is that work roles are less significant in defining self). Clearly, these assumed differences can be overgeneralized, but, when they are recognized, we have an opportunity to study the relative weighting of personal competence vs. interpersonal support and nurturance. Parent–child interaction may be equally important in both cultures in terms of providing guidance and support, but the designated means of developing a sense of well-being and effectiveness may differ.

The study of cultural differences as representing an historical process in coping with life demands may provide the necessary framework from which to develop more sophisticated research. Studies incorporating this orientation could more closely examine the underlying similarities in meeting personal goals, in spite of the external appearance of conflict. The fact that increasing age creates greater commonality among seemingly diverse populations supports the development of such a framework and provides potential insight into how bicultural lifestyles develop in such a way as to maintain personal and social consistency. These phenomena may be most manifest among the Chicano elderly, since they have had to make the greatest accommodation in integrating the commonalities and differences between the two cultures. Later generations, with origins in the United States rather than Mexico, may face less difficulty, since their initiation into biculturality begins at birth.

Equally significant in studying the cultural interphasing among the Chicano elderly is the opportunity to examine why some experience more difficulty than others. As opposed to assuming that a status variable, such as race, provides the total explanation, greater insight could potentially be obtained by examining the actual processes that contributed to the differences. Identification of some of these variables is available in the previous chapter (e.g., family interaction styles, community activity and support, etc.), but much more needs to be developed in this area.

Toward a New Model

The development of a model to guide research on the mental health of Chicano elderly remains at the most preliminary stage of development. There are two major reasons for this situation: First, the mental health professions have failed to provide an effective operational definition of "mental health," and, second, the literary definitions which are used and the theoretical rationales under which they operate ignore the significance of cultural relativism. This deficit is nowhere more apparent than in the conception of adaptive vs. maladaptive behavior. This conceptual failure has created serious problems in assessment of individual differences, since the vast majority of personality measures, behavioral rating scales, cognitive measures, and other similiar indices have been developed around a culturally biased perception of socially acceptable behavior. Translation of these instruments into Spanish has provided minimal improvement, since the values and beliefs underlying the development of these scales remain reflective of the culture from which they were developed. Ideally, it would be best to draw items tapping the variable to be measured (i.e., adaptive vs. maladaptive behavior) *from its cultural context*, and next to conduct the necessary studies in standardization and validation which preserve scientific standards. At a lower level of sophistication is a process of item translation (i.e., use of extant item pools). But even this approach should include back-translation to ensure communication at the verbal level and professional consultation from culturally sensitive individuals. Any other approach may raise questions concerning psychometric validity, since it represents a cross-cultural effort to measure personality without attending to variables which are potentially confounding (e.g., the emicetic distinction).

The basic parameters defining mental health must be reworked, particularly as they relate to the bicultural existence of the Chicano elderly. A useful model must incorporate the pool of values, attitudes, and behaviors from *both* cultures which are developed over a lifetime and are critical in the maintenance of self-esteem and a positive sense of personal identity. The definition of "mental health" among Chicanos will vary, just as degrees of biculturalism among individuals vary. Chicano "culture" is a misnomer to the extent that it is misinterpreted as implying some static entity. On the contrary, culture is in constant flux among Chicanos; and this dynamic quality must be included in both theory and research on mental health.

New models of mental health must include the effects of history. The assumption of continuity across generations must be replaced by the perception of cultural *change*, especially as it relates to relevant ethnohistorical events. Currently, effective programs for the Chicano elderly may require drastic revision within the next 15–20 years, as other changes occur: country of origin, rural-urban origins, etc. The constant interaction between the traditional and the new will provide a continously changing definition of biculturalism and its accompanying components. The model incorporating constant change as a variable should prove to be most fruitful.

Current work on mental model building has increasingly emphasized the significance of a "Wholistic" or "Ecological" approach (Gubrium 1973; Lawton and Nakemow 1973). The integration of intrapsychic, biological, and environmental variables in effectively understanding the nature of the person holds much validity in eliminating the kinds of unidimensional/unilinear research paradigms used in the past. The development of multicausality models offers the opportunity to insert the variable of culture in making predictions about individual behavior. Previous beliefs about the universality of human nature and its accompanying definition of mental health are finally being set aside for a more open and pluralistic perception of emotional well-being. This development holds much promise in conducting research on the mental health of the Chicano elderly, since it frees the research from accepting a "pathology perspective" when studying behavior that deviates from the norms of the dominate culture. In addition, measurement instruments reflecting sociohistorical values of one culture must be seriously questioned as to their appropriateness in identifying deviant or adjusted behavior across other cultures.

Significant in this message is the necessity of developing instruments that reflect degrees of biculturalism in categorizing behavior. This is not to say that all research paradigms and instruments used in the past are worthless; they simply haven't gone far enough. They assess only one aspect of the Chicano's nature, to the exclusion of other remaining components. Assessment techniques capable of examining a broader range of value-oriented behavior, as well as possessing the ability to determine the effectiveness of this behavior (or its lack) in maintaining a sense of personal consistency, would provide the necessary data in making decisions about emotional stability. Thus, unilinear models based upon a limited cultural perspective must be replaced by "wholistic" models capable of assessing behavior from a multicausality perspective.

Recommendations for Future Studies

Chapter 9 has outlined, in order of priority, 18 areas requiring research intervention to develop that data base needed to understand the mental health of Chicano elderly. For each area, there are recommendations on method or measurement, either implied or denoted, which are designed to expedite completion of the proposed research with maximum efficiency. In addition, the discussion on theoretical issues in this chapter briefly touched on measurement problems which currently limit much of the research conducted on Chicanos. Much more effort is needed to correct current deficits in research design and assessment techniques, but a complete discussion of this is well beyond the limits of the present monograph.

Successful completion will require input from a variety of disciplines, including people who are well versed and experienced in conducting research on the Chicano elderly. Limited professional experience is one of the major obstacles at the present time and can only be corrected with sufficient resources, training, and exposure to the problems inherent in conducting culturally sensitive research.

There are, however, a few methodological and conceptual issues that have emerged from the various papers in this monograph calling for serious consideration in developing research studies on the Chicano elderly:

1. **Future studies must employ more rigorous controls in comparing the Chicano elderly with other groups.**

Designs which compare low-income Chicano elderly to middle-income white elderly are so confounded that clear conclusions cannot be drawn. Even controlling for social class does not effectively equate experimental patterns among the comparison populations, since other differences exist. To be poor and white, for example, is a very different life experience, for a variety of reasons, than being poor and Chicano. Researchers who hope to understand the processes by which differences develop must use designs which control for economic levels (income, housing conditions, etc.), family history (marital stability, family size, maternal employment, etc.), health status (history of illnesses, physical limitations, etc.) and organizational involvement (political activity, community participation, social roles, etc.). Without such controls, the confounding of experiences which contribute to differential lifestyles and needs will inhibit the validity of inference and, subsequently, of generalization.

2. **Researchers interested in studying the Chicano elderly must attempt to understand the "realities of life" in this population and how these realities affect lifestyles.**

As in all cross-cultural research, the ideal is to match researcher and research subject in such a way that highly trained professional level scientists are fully aware of the culture groups they are studying. At a minimum, this should include cultural sensitivity and language skill. Whether or not researcher and subject are members of the same culture and ethnic group, respect for the culture of another person is an absolute essential. In the absence of this ideal situation, insight into the culture of Chicano elderly can be cultivated by: (1) living in the minority group community; (2) meeting with community residents (which is not the same as research consultation with professionals who belong to the same minority group as the subject, but who reside elsewhere); and, most important, (3) including minority group members and community residents on the research team at every level of responsibility, from the initial planning phase through the analysis and interpretation of data.

3. **In addition to studying why Chicano elderly experience unusual stress and constricted lifestyles, effort should be directed toward examining cultural factors that nurture health development despite oppressive conditions conducive to maladjustment.**

Healthy lifestyles have always existed among the Chicano elderly and will continue to do so, but adaptation in the face of adversity is in desperate need of more serious study. This phenomenon has been understudied for one of two reasons: either the mistaken assumption that its occurrence is infrequent and, thus, atypical in characterizing the group; or that it has little relevance for the development of social benefit programs. This latter assumption is a logical consequence of the pathology model which emphasizes remediation at the expense of prevention.

4. **The definition of culture continues to plague theoreticians, particularly in terms of comparing one study to another.**

The concept of culture must be made operational before it can be explicity incorporated into research on the Chicano elderly. While mention should be made of the work of Kroeber and Kluckholn (1952) who collected more than 150 definitions and an equal number of statements on "culture," a more concrete idea of the dimension of the concept is communicated by analysis of the characteristics used by anthropologists in classifying cultural units. Clearly, if valid generalizations are to be made about the relationship of culture to mental health among the Chicano elderly, we must identify cultural characteristics significant to them. Increased familiarity with the operational definitions used in anthropology is an appropriate step in this direction.

5. **Most research on the elderly employs cross-sectional designs because of lowered costs in time and resources.**

Among investigators of aging, however, it is generally understood and accepted that cross-sectional studies confound age and culture, posing a serious threat to research on the Chicano elderly, since the variable of culture generates the greatest interest in interpretating the data and making policy recommendations. Cross-sectional studies are acceptable, if comparisons are kept at a descriptive level, but problems arise when explanation underlying the descriptions is attempted. However, the desire to discover causality motivates many cross-cultural researchers. The development of a sound body of data defining the Chicano experience requires movement beyond the descriptive level. Thus, in spite of expense and time, longitudinal studies must be developed. The major advantage of longitudinal studies is their historical and followup value. One of the best ways to predict future behavior is to review past behavior, and, for this purpose, longitudinal studies can never be surpassed by other approaches, despite their selectivity, biases, and practice effects on testing. The potential is that patterns of individual life progress can be found that characterize various subgroups among the Chicano elderly. These subgroups of cohorts can potentially provide prediction of future behavior, both adjusted and maladjusted, so that we can identify the highrisk population for whom intervention is essential.

Concluding Statement

Much of our previous research has focused on the delivery of mental health services to the Spanish-speaking population. We have often been asked by others (as well as asking ourselves) what cultural variables should be emphasized most strongly when developing social service programs for this population. The question is generally accompanied by an expectancy that the answer will be simple and possess high generalizability. Few wish to spend time considering the tremendous complexity implicit in this question. In actuality, the only valid answer is "No one really knows." Various studies have looked at specific parts of this question, but to assume that these situationally specific investigations provide insight into the total phenomenon is misleading. We have hunches, speculations, and some data-based ideas about where to begin. But a sound understanding of how all of this comes together, particularly in accurately characterizing the importance of race and ethnicity in human development, lies far in the future, which, at times seems light-years away. At other times, it seems less remote. In any event, the truly significant issue is that we accept our limited knowledge and move quickly toward implementing programs providing opportunities to study the complexity of this process.

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